

ASIA AND THE PACIFIC REGIONAL FORUM ON
STRENGTHENING PARTNERSHIPS WITH FAITH-BASED
ORGANISATIONS IN ADDRESSING ICPD



**A Report on the Conference Proceedings
Kuala Lumpur, Malaysia
5 - 6 May, 2008**





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United Nations Population Fund

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CONTENTS

Foreword and Acknowledgements	1
Glossary of Terms	3
Executive Summary	4
Welcome & Opening Address	9
Section 1: Introduction	13
Involving the FBOs in Achieving the ICPD Agenda	13
Strengthening Partnerships with FBOs - Long-term Vision	14
Forum Objectives	15
Overview of the Consultative Process	15
Forum Outputs	16
Participants	16
FBOs - UNFPA Partnerships: Concrete Examples at the Country - Level.....	16
Section 2: Working with FBOs to Reduce Maternal Mortality	20
Section 3: Working with FBOs on HIV and AIDS	24
Section 4: Partnering with FBOs to Eliminate Gender-based Violence and Support Women's Empowerment Efforts	28
Section 5: Working with FBOs in Addressing Population Issues in Humanitarian Settings	32
Section 6: Issues and Challenges	35
Recommendations	36
Conclusions	39
References	41
Annexes	
Annex 1 – List of Panel Chairs and Discussants	43
Annex 2 - Participants List	44
Annex 3 - Agenda	49
Annex 4 - Address by Malaysian Government Representative	54
Annex 5 - Quotable Quotes	57

FOREWORD AND ACKNOWLEDGEMENTS

The Asia and the Pacific Regional Forum on Strengthening Partnerships with Faith-based Organisations (FBOs) in Addressing ICPD, hosted by UNFPA in Kuala Lumpur, Malaysia, is the second in UNFPA's journey of reflection, celebration and learning, around a distinct set of partnerships, extending over 30 years.

The nature of UNFPA's mandate, which, one could describe as beginning from before conception, to birth, to youth and adulthood, to growing older, migrating, being accounted for (literally) and the quality of life experienced through it all, means that culture occupies a prominent role. Hence, the Technical Division's Gender, Human Rights and Culture Branch, sees its work as being one of understanding and translating, in technical and programmatic terms, how human rights frames all we do, while gender equality and cultural sensitivity define who and how we are, respectively. In effect, culture enables us to realise the equality of our rights, and to appreciate the dynamics of our identities.

Within this context, we recognise diverse and critical actors, who shape and define the culture(s), translate elements thereof in daily life as values, attitudes and behaviours, and often act as socio-cultural gatekeepers. UNFPA appreciates that these cultural agents play a critical role in enabling people to understand and articulate needs, aspirations and ways of living. Where there is a richness of tradition that needs to be preserved, or rediscovered to enable communities to celebrate systems of care and healing and healthy continuity; or where, conversely, there are certain harmful practices that have evolved from misrepresentations and/or misunderstandings of some traditions, these cultural gatekeepers play a prominent role. They are critical interlocutors of development, and as such, we refer to them as 'agents of change'. Hence, there is, within the organisation itself, a legacy of working closely with many of these agents of change, ranging from tribal elders, community spokespersons, Indigenous leaders, and media organisations, to religious leaders and faith-based networks. The latter we refer to as faith-based communities and organisations, or FBOs.

In many countries, FBOs provide some of the oldest, most far reaching, and best organised systems of social welfare (including primary health care services), and especially so in war-torn societies, where they play a critical role in humanitarian service provision. In many ways, these faith-based service providers are the oldest care systems in the world, which have looked after generations of the poor, marginalised, and needy. Some of the most affluent leaders have graduated from faith-based schools, and contribute (time, energy and money) to ongoing faith-based initiatives.

In addition, religious leaders, even when marginalised from official structures of governance, often remain prominent and legitimate sources of influence and authority. Although this influence tends to be seen as double-edged, the fact remains that to ignore their presence and influence, only succeeds in marginalising those of us who seek to reach out to communities and ensure that critical needs are met. This realisation catalysed the beginning of UNFPA's partnering with the faith-based communities.

Building upon its evidence-based articulation of how 'culture matters' to development - a process which started in 2002 - UNFPA has continued to document the ongoing engagement with cultural agents of change. The

FOREWORD AND ACKNOWLEDGEMENTS

FBO journey upon which UNFPA has embarked in 2007 and 2008, therefore, aims to showcase and learn from the experiences of working in partnership with the faith-based communities, in and around the International Conference on Population and Development (ICPD) mandate areas.

Above all, the journey of reflection and learning is one that intends to look critically, to celebrate the partnerships and bridge-building, which UNFPA remains committed to, as it approaches the 15-year review of the ICPD in 2009.

We endeavour to continue our bridge building between cultural agents of change, governments, and broader civil society at all levels (national, regional and international) as a key means to deliver on our mission – to promote the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV or AIDS, and every girl and woman is treated with dignity and respect.

Our gratitude extends to our Malaysia Country Office (Yeoh Yeok Kim, and colleagues), and the two rapporteurs Prof. Tey and Mr. Tyng, and our Country Office Representatives throughout Asia and the Pacific who continue to bear the torch of partnership building and successes. From headquarters, the inputs of our colleagues from the Asia Division (Neela Jayaratnam and Geeta Lal) were critical for the inception and realization of this Forum, as were our Culture Team members (Noemi Espinoza, Julitta Onabanjo, Sherin Saadallah, and again Geeta Lal). Our special appreciation to Gender, Human Rights and Culture Branch members particularly the Senior Culture Advisor, Azza Karam for her design and stewardship of the whole fora process. The Culture Consultant Melissa D'Agostino, Rebecca Barlow, Mehdiya Bendella and Lettie Rose provided expert guidance and needed assistance, respectively, throughout. Colleagues from Information and External Relations Division (IERD), particularly Safiye Cagar, also deserve our thanks, as do the then Technical Division Director and Deputy Director (Rogelio Fernandez Castilla and Hedia Belhadj). For her presence at the conference and for her continued support of this endeavour, special thanks goes to Deputy Executive Director, Purnima Mane.

The entire legacy and commitment to working with the faith-based communities as part of the needed focus and integration of culture is made possible through the tireless advocacy of our Executive Director, Thoraya Ahmad Obaid. Last but by no means least, the participants in this Forum are the end all and be all of all gratitude – and admiration. Onwards we go.

Aminata Toure
Chief, Gender, Human Rights and Culture Branch
Technical Division, NY
August 2008

GLOSSARY OF TERMS

ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
CBO	Community-based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CGHRB	Culture, Gender and Human Rights Branch, UNFPA
CWS	Church World Services
ESCAP	Economic and Social Commission for Asia and the Pacific
FBO	Faith-Based Organisation
FPA	Family Planning Association
FFPAM	Federation of Family Planning Association, Malaysia
GBV	Gender-based Violence
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IDP	Internally Displaced People
MAC	Malaysian AIDS Council
MAF	Malaysian AIDS Foundation
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
NGO	Non-Governmental Organisation
NPFDB	National Population and Family Development Board, Malaysia
PLWHA	Persons living with HIV and AIDS
RHAM	Reproductive Health Adolescents Module
RHR	Reproductive Health and Rights
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children’s Fund
VAW	Violence against Women
YWCA	Young Women’s Christian Association

EXECUTIVE SUMMARY

Introduction

In preparation for the Global Forum on Faith-based Partnerships for Population and Development which will be held in Istanbul, Turkey, in October 2008, the Gender, Human Rights and Culture Branch (GHRCB) in the Technical Division of UNFPA in collaboration with the Geographic Divisions has been convening a series of regional forums to reflect, instruct and recommend strategies to enhance partnerships between FBOs and UNFPA. An African forum, the first in the series, was held in Durban, South Africa in December 2007. The Asia and Pacific Regional Forum, held on 5-7 May 2008 in Kuala Lumpur, is the second in the series. Similar forums will be held in Cairo and Buenos Aires, and each will showcase and build interfaith networks in their respective regions.

Panels held during the Asia FBO Forum considered four key areas that are critical to UNFPA's mandate – rooted in the ICPD Agenda and the MDGs, i.e. the reduction of maternal mortality; the fight against HIV and AIDS; gender-based violence; and population issues in humanitarian settings. In addition there was an opening panel on UNFPA-FBO partnerships. The implementation of some of these goals that touch on the most sensitive and intimate spheres of life poses many challenges in different socio-cultural settings. To this end, delegates from 14 countries within the Asia and Pacific region shared their missions and achievements, challenges and recommendations, and their experiences working with UNFPA. Group discussions were held to consider concrete recommendations to strengthen partnerships among FBOs and with UNFPA to address these challenges and to achieve the goals of the ICPD and MDGs.

The Forum was attended by 68 participants from 14 countries mainly from the Asia-Pacific region (Afghanistan, Bangladesh, India, Indonesia, Iran, Malaysia, Nepal, Pakistan, Papua New Guinea, the

Philippines, Pacific Islands, Thailand, Timor Leste and Sri Lanka) and participants from Uganda, Switzerland and the United States also attended the Forum to share their experiences. The delegates representing various FBOs, population-related NGOs and Government agencies comprised of religious leaders, faith-based workers, programme managers, government officials and academicians. UNFPA participants at the Forum included senior officials, Geographic Division and Country Office representatives and specialists/advisors from UNFPA Headquarters.

Forum Objectives and Outcomes

The Forum was aimed at strengthening partnerships and networking among FBOs in the region, to promote UNFPA-FBO partnerships to reduce maternal mortality, to combat HIV and AIDS and gender-based violence, and to deal with population issues in humanitarian settings, by assessing the specific challenges of building partnerships around these issues. It is also aimed at enhancing the roles of FBOs as agents of positive change. In addition, the Forum served as a building block to sustain, mobilize, and strengthen the roles of the FBOs in implementing the ICPD agenda on reproductive health and population related activities. By the end of the deliberations, the following outcomes were achieved:

- i. The formation of a nucleus for an Asia and Pacific Interfaith Network on Population and Development; and*
- ii. The compilation of concrete recommendations on how the partnerships between UNFPA and the faith-based organisations could be enhanced to address maternal mortality, HIV prevention and AIDS treatment, gender-based violence and women's empowerment, and population issues in humanitarian settings.*

Partnering with FBOs - the Experiences and Lessons Learned

FBOs are one of the oldest social service networks known to humankind; benefitting from having the trust of their constituents at the grassroots level. They work with communities on the ground and connect with them on a personal and spiritual level in a way that appeals to people when they are most in need. Therefore, they are very well placed to tackle sensitive issues concerning reproductive health from the religious and cultural points of view. Overtime, FBOs have been working alongside governments, other NGOs, and regional and international organisations on various issues related to population and reproductive health, including family planning, HIV prevention and AIDS treatment, maternal mortality and gender-based violence.

Faith leaders are also in a unique position to shape social values, increase public knowledge and influence opinion; support enlightened attitudes, opinions, policies and laws; redirect charitable resources for spiritual and social care and raise funds for prevention and for care and support; and promote action from the grass roots up to the national level. Some FBO leaders hold important positions in the government and private sector and are involved in policy making and programme implementation. Despite country-to-country differences which delineate the influence of faith-based organisations, FBOs have been reliable service providers in their respective communities.

FBOs have the capacity and resources (often through a large volunteer base) to serve a large constituency including women and youth. In many countries, faith-based institutions provide health and education services to a large section of the population. FBOs conduct workshops, training programmes, conferences and seminars to change the world for the better. FBOs also serve a humanitarian role, during

emergencies, by providing various forms of assistance, including food and shelter to victims of natural disaster and political conflict.

All of the organisations represented at the Asia Regional FBO Forum have collaborated or will be collaborating with UNFPA in addressing issues related to population and reproductive health. UNFPA has been providing assistance to FBOs at the country-level in the areas of reproductive health and population including family planning, adolescent sexuality, gender-based violence, HIV and AIDS, maternal mortality reduction and census support and coordination. Apart from policy-level advocacy and helping to develop key strategic documents on selected areas of its mandate, UNFPA has assisted in capacity building of its partners through various trainings and technical support. UNFPA has also fostered regional cooperation and South-South engagement on many of these issues.

Some FBOs have also collaborated with one another in their respective countries. Such experiences show that various faiths and stakeholders do put aside their differences in working towards the same goal of helping those who are in need and to safeguard the wellbeing of their communities, especially during crisis and disaster. Participants of this Forum recognize the need to further expand and strengthen cooperation and partnership among themselves and with UNFPA. By laying down a foundation of mutual assistance, cooperation and collaboration, FBOs and UNFPA can work to bridge the divide towards a successful and sustainable partnership in addressing population and reproductive health issues, and in doing so, strengthen the newly launched Regional Interfaith Network on Population and Development.

Challenges

Implementing the ICPD agenda, the main concern

EXECUTIVE SUMMARY

of this Forum, touches on sensitive issues in different social and cultural settings, making it a very challenging endeavour. The main challenges identified and deliberated in the Forum were broadly related to the following issues:

A. Attitudes toward Women:

- Discrimination against women in some countries has limited their social, economic and political participation, making them more susceptible to poverty. Their low educational level and poor health status, coupled with limited access to economic resources presents a serious challenge to human development and gender equality. In some countries, patriarchal culture has perpetuated the low status of women;
- Lack of male support for implementing a reproductive health agenda;
- In some countries, women's low status, disempowerment and the pervasive culture of female subordination remain the leading causes of violence against women. The pervasiveness of gender-based violence also presents a major challenge for FBOs and their partners to fight this social ill;
- Slowness in recognizing and responding to existing and emerging problems with regard to reproductive health and gender inequality.

B. Lack of Consensus among Various Religious Leaders:

- Different interpretation of religious precepts, approaches and doctrines being advocated by different FBOs. Not all religious leaders can accept alternative interpretation and new ideas

on reproductive health issues. In some instances, narrow and erroneous interpretations of religion have compounded problems such as stigma, fear and taboo. There is lack of dialogue on such matters, making it difficult to correct misconceptions/wrong information;

- The lack of consensus of faith leaders on certain issues such as condom use for family planning and HIV prevention and AIDS treatment, gender roles and status, and polygamy, often poses an obstacle to inter-faith collaboration, as well as partnership with other NGOs and development agencies.

C. Lack of Resources:

- Alienation of FBOs due to political reasons has prevented them from accessing support and playing a role beyond a community-based level;
- Inadequate facilities, resources and trained staff to address reproductive health and population issues;
- Failure to address the root causes and instead treating only the symptoms;
- Lack of knowledge, information, skills and training among FBO leaders on reproductive health, in particular HIV prevention and AIDS treatment, maternal mortality, gender-based violence;
- While many FBOs have vast pools of volunteers, some are lacking in trained professionals, services and facilities and experienced community organizers;
- Some FBOs have financial constraints preventing them from carrying out the various activities in support of the ICPD agenda. This is exacerbated by poverty and economic inability

to afford meaningful alternatives.

Recommendations

During the course of the two days consisting of five panel sessions and four breakout group discussion sessions, a series of recommendations was put forth by the Forum participants. These recommendations can be broadly categorized as follows:

A. Partnership Building:

FBOs

- Establish regional and global partnerships of FBOs, with UNFPA serving as a link;
- Develop intra & interfaith initiatives for local and international partnerships;
- Build long-term commitments, partnerships and resource sharing;
- Develop multilateral partnerships between religious leaders, policymakers, UNFPA officers and other stakeholders;
- Use information and communications technology (ICT) for networking.

UNFPA

- Undertake more research and development activities on the effectiveness of partnerships among FBOs and with UNFPA;
- Compile a list of FBOs and other relevant partners for dissemination to facilitate networking;
- Simplify the mechanism for partnership and collaboration.

B. Resource Allocation and Mobilization:

FBOs

- Maintain a higher level of preparedness to face emergency and crisis situations including humanitarian crises and social political unrest to be able to react more quickly and efficiently.

UNFPA

- Provide the necessary assistance in capacity building and training of FBOs.

C. Advocacy:

FBOs

- Differentiate between negative cultural norms and actual religious precepts;
- Use religion to promote healthy relationships between men and women, and to promote gender equality;
- Promote male involvement on issues pertaining to reproductive health, the fight against gender-based violence and the promotion of women's empowerment.

UNFPA

- Promote increased dialogue through meetings and seminars, and broaden the participation of FBOs. More follow-up meetings and dialogues after this Forum.

D. Programming:

FBOs

- Encourage greater involvement of women in FBOs, and in decision-making in all spheres of life, particularly those that affect them directly;

EXECUTIVE SUMMARY

- Involve young people in formulating and implementing programmes for adolescents and youth.

UNFPA

- Involve FBOs in planning and implementation of various programmes;
- Utilize fully the outreach structure of FBOs to provide services to the communities at the grassroots;
- Produce educational and informational materials for dissemination, and tailor messages on various issues pertaining to the ICPD agenda from a religious perspective;
- Adopt country-specific, culture-specific and context-specific approaches and strategies.

Conclusion

The forum provided a space for dialogue between UNFPA staff, FBO partners, and government agencies

committed to tackling difficult and sensitive issues related to RH, HIV and AIDS prevention and stigma reduction, ending violence against women, and developing preparedness and response capacity in dealing with humanitarian crises resulting from conflicts and natural disasters, all from a human rights perspective. Those present at the Forum reaffirmed their commitment to building partnerships towards improving the provision of the reproductive health needs of their constituents. Despite some differences of approach in tackling the issues, broad agreements in the implementation of the ICPD agenda were reached.

The sharing of country experiences provided great learning opportunities for all participants on how to optimize the resources of FBOs in serving the communities. The group discussions allowed all the participants to present their views and put forth concrete recommendations for UNFPA and FBOs to better address the issues and challenges related to implementing the ICPD agenda in the Asia and Pacific region.

OPENING ADDRESS AND WELCOME,

By

Purnima Mane

DEPUTY EXECUTIVE DIRECTOR (PROGRAMME), UNFPA

Regional Forum on Strengthening Partnerships with Faith-Based Organisations in Addressing ICPD

UNFPA's Legacy and Commitment to Partnerships with the Faith-based Community

Statement of

Purnima Mane

Deputy Executive Director (Programme)

OPENING ADDRESS AND WELCOME

Esteemed Religious Leaders and Faith-based Delegates,

Dear Colleagues and Friends,

The UN Secretary General, Mr. Ban Ki-Moon has stated, and I quote,

“Today, there is an urgent need to rebuild bridges and to enter into a sustained and constructive intercultural dialogue, one that stresses common values and shared aspirations. Religious leaders can play an important role in such an exchange. They can stress the core beliefs and ideals found in all the great faith traditions: compassion, solidarity, respect for life and kindness towards others.” [end quote].

Despite diverse histories, circumstances and cultures, almost every country in the world has agreed on the same set of goals for achieving a better future. The Millennium Development Goals (MDGs) have become a gauge for developing countries, and a broad mandate for the UN's development work.

Implementing some of these goals that touch on the most sensitive and intimate spheres of life - including reproductive health and rights, gender relations and population dynamics - is a challenging endeavour. Since this is fundamentally about life and death, dealing with these sensitivities is a developmental requirement. And dealing with them efficiently, is almost a moral obligation. This is the way UNFPA sees its mandate.

The knowledge that different social and cultural realities create both challenges and opportunities for achieving internationally agreed upon goals, prompted UNFPA to systematize the manner in which cultural sensitivity is integrated in all of its programmes.

One of the results – and eventually, tools – is the development of the ‘Culture Lens.’ This lens enables the integration of UNFPA's three programming approaches: gender equality, cultural sensitivity and human rights. As a result of the sensitive nature of our mandate, and with the culture lens as a tool, UNFPA has established partnerships, carried out advocacy and negotiated with traditional and emerging ‘spheres of influence.’ In turn, this has generated and enabled support for the implementation of the ICPD agenda – an agenda that mirrors and echoes the MDGs, with a more in-depth perspective on reproductive health and population dynamics.

UNFPA has systematically worked to mobilise like-minded members of *all faith-based communities*. This was not a matter of coincidence. After all, your communities have traditionally served as the oldest social service networks – and mechanisms – known to humankind. Furthermore, you have, in many instances, unparalleled social, moral and political capital – and thus legitimacy – within and among your respective communities. Once convinced, you are able to employ these vast resources, to serve the purpose of the greater good. In so doing, you are the true ‘agents of positive change.’

UNFPA has, therefore, invested many of its resources to identify, engage and mobilise those of you within the faith-based communities who share the UN's development agenda, and the Fund's own ICPD mandate. With this experience, and with active representation from all faith traditions, UNFPA has partnered with faith-based agents of change, at both the local and regional levels, for decades.

OPENING ADDRESS AND WELCOME

The collaboration with faith-based organisations, religious and community leaders ranges from HIV prevention and AIDS treatment to encouraging safe motherhood and preserving the dignity of men and women, by affirming their human rights as well as their moral capacity, to plan for their families' well-being.

Our partnerships with faith-based organisations and religious leaders, ranges from the shores of Africa, to Asia and the Pacific, Latin America and the Caribbean, as well as the Arab States and Eastern Europe.

UNFPA is strongly committed to integrating cultural dynamics such that human rights (and gender equality within them) remain at the core, and to ensuring a culturally sensitive approach in all our programming. We are in the midst of conducting culturally sensitive trainings for UN Country Teams and for UNFPA colleagues in different regions. Our State of the World Population report – an annual production which serves as an advocacy tool for UNFPA and its development partners – will have culture as its focus in 2008.

Moreover, we are preparing for the Global Forum on Faith-based Partnerships for Population and Development in Istanbul, Turkey, in October 2008, which will bring together our existing and potential partners in development from around the faith-based world – a unique opportunity, we hope, to showcase our partnerships, assess the process and move forward our critical mandates. Indeed, this very consultation serves as a critical building block in our efforts to sustain, mobilize, and serve the collaboration with the communities and organisations which you represent.

To that end, we have already had our African forum (in Durban, South Africa in December 2007) where your faith-based colleagues came together to announce their experiences of partnering with us to eradicate HIV as well as violence against women. We have here with us today a fellow traveller on that journey who will share with all of us some of those reflections and insights. Our next building block, or stage on this journey of showcasing partnerships and building interfaith networks, will take us to Cairo in July, where the Arab FBOs will also come together to reflect, instruct and recommend strategies to enhance our partnerships. Your Latin American and Caribbean counterparts will also join together in Buenos Aires for the same purpose. We are gathering momentum for the October Global Forum and the Launch of the Interfaith Network on Population and Development, where we will showcase this unique faith-based movement for the MDGs.

UNFPA is very pleased with the various initiatives that our UN partners are increasingly developing with the faith-based communities, and we are simultaneously working with them too, to ensure that our outreach and partnership endeavours with you are informed and better coordinated.

In April we sponsored 10 (ten) faith-based organisations to attend a UNAIDS meeting which critically assessed the UN-FBO partnerships specifically on AIDS, and emerged with some concrete strategies for engagement. In addition, UNFPA has been an active member of an Inter-agency and Civil Society Task Force, convened by the Office of the President of the General Assembly, to realize the Hearing on the occasion of the High-level Dialogue at the UN General Assembly, on Interreligious and Intercultural Understanding and Cooperation for Peace (which took place on the 4th and 5th of October 2007).

UNFPA played a crucial role in bringing together faith-based partners from the field with significant experience in delivering social services to marginalized communities.

OPENING ADDRESS AND WELCOME

The High-level Dialogue symbolized the increasing call within the UN system for interreligious and intercultural cooperation – as mirrored in the Secretary General's quote. During the proceedings, the UN member states shared their readiness for and experience in engaging the faith-based communities to move towards further development through a culture of peace.

UNFPA is grounded in the belief that a cornerstone of this peace is the establishment of the right of every woman, man and child to enjoy a life of health and equal opportunity in a rapidly urbanizing globalized world.

UNFPA is, therefore, committed to securing this peace by supporting countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV or AIDS, and every girl and woman is treated with dignity and respect. This is, in fact, our mission statement.

Your presence here testifies to the fact that you share this vision with us.

We all know what many of the challenges which form part of UNFPA's mandate, are: from eliminating the death of mothers who are giving life, AIDS, violence against women, or the problems resulting from increasing migration, unplanned urbanization and meeting the needs of burgeoning populations with unequal wealth distribution. We are not here to discuss the specifics of these issues in this consultation.

But what I sincerely hope we can achieve in this consultation, is to constructively assess the specific challenges of building partnerships around these issues. But we must not stop at that, because to make a difference, we need to identify some clear cases of successes in tackling these challenges together – successes you can help us to replicate. To do so, we need to come up with a set of concrete recommendations which we can each take back to our respective institutions and integrate into our programmatic design, implementation, evaluation and outreach.

In the spirit of the Chinese proverb that says "better to light a candle than to curse the darkness", we enjoin you in lighting many a candle through your work, and to strengthening our collaboration to achieve the critical Millennium Development Goals of health and well-being for every man, woman and child.

We celebrate our partnership with you, and commit to enhance it with respect for our joint mission as well as any differences that may arise.

Let us embark on this journey together.

Thank you.

1 INTRODUCTION

Involving the FBOs in Achieving the International Conference on Population and Development Agenda

The fact that the ICPD brought religion to the forefront of population and development is highlighted in the following quote: "People of [religious] conviction shocked each other and the watching world as they clashed over some of the most volatile topics of the day: family planning and the nature of family, the rights of women, gender and sexuality, and abortion and birth control."¹

To combat HIV and AIDS, gender-based violence and to reduce maternal mortality, there is a need to consider the religious and socio-cultural dimensions of these issues. There is also a need for all parties – FBOs, other NGOs, government and international agencies to work hand in hand to achieve the common goals of improving the wellbeing of all people. We know that culture matters, and faith and religion are a vital part of the lives of most people throughout the world. Recognizing that different social and cultural realities create both challenges and opportunities, UNFPA has established various

The 21ST Century is a period of interdependence (observed by HH Sri Sri Ravi Shankar Ji), and we need to work together to bring social transformations. World over people and organisations work for the benefit & improvement of humanity and yet the suffering never ends. This is due to the fact that communities cocoon themselves in the garb of names, identities, nationalities and religions. When the essence of religion and spirituality is universal brotherhood, and living our lives on the tenets of human values then it is vital that we drop our miniscule identities, join hands and take bigger responsibilities to make this world free of disease, stress and social menaces.

*The Art of Living (AOL) Foundation, India
(Abstract from the paper presented at the Forum)*

partnerships with FBOs to implement the ICPD agenda and the MDGs. Faith-based organisations, religious and community leaders possess the legitimacy and resources as some of the oldest social service networks

and mechanisms known to humankind. As agents of positive change, faith-based organisations have unparalleled social, moral and political capital to serve the purpose of the greater good.

Additionally, FBOs have the outreach capabilities and the respect and trust of their communities. Working closely at the grassroots and the community levels, FBOs are well placed to tackle sensitive issues concerning reproductive health from a religious and cultural point of departure.

Faith leaders are in a unique position to shape social values and influence opinions, increase public knowledge, support enlightened attitudes, opinions, policies and laws, redirect charitable resources for spiritual and social care, and raise funds for prevention and for care and support, and promote action from the grass roots up to the national level. Some FBO leaders hold important positions in the government and private sector and are involved in policy making and

¹ "Culture Matters to Development: It is the "How" and not the "Why" and "What." Thoraya Ahmed Obaid, UNFPA Executive Director.

Traverse Lecture, Swiss Development Corporation, Bern, Switzerland, 13 December 2005.

INTRODUCTION

programme implementation. Despite country-to-country differences which delineate the influence of faith-based organisations, FBO have been reliable service providers in the community.

FBOs also have the capacity and the human and financial resources (often the result of a large volunteer or donor base) to serve a large constituency including women and youth. In many countries, faith-based institutions provide health and education services to a large section of the population. FBOs conduct workshops, training programmes, conferences and seminars to change the world for the better. In the humanitarian context, FBOs provide various forms of assistance, including food and shelter to victims of natural disasters and political crisis.

FBOs have played very important roles in the implementation of the ICPD agenda on reproductive health, HIV and AIDS, and gender-based violence. They have been supporting the work of governments, civil society, and regional and international organisations in various areas of population and reproductive health. In Iran, Bangladesh, Malaysia and a number of other countries, the endorsement of religious leaders has paved the way for the successful implementation of some of the most sensitive programmes within family planning and reproductive health.

The organisations represented at the Asia Forum have either already collaborated with UNFPA, or are committed to doing so in the future, towards meeting selected ICPD agenda items and goals. Some FBOs have also worked in partnership in their respective countries, particularly during crisis and disaster. The experiences of some countries show that different faiths and stakeholders do put aside their differences in working towards the same goals to help those who are in need and to safeguard the wellbeing of their communities. Nevertheless, participants at the Forum recognized the

need to expand and strengthen cooperation and partnerships among FBOs and with UNFPA. By laying down a foundation of mutual assistance, cooperation and collaboration, FBOs and UNFPA can work to bridge the divide towards a successful and sustainable partnership in addressing population and reproductive health issues.

Strengthening Partnerships with FBOs – Long-term Vision

In keeping with UNFPA's long standing relationship with faith-based communities, at both the local and global levels, a Global Forum on Faith-based Partnerships for Population and Development and the launch of an Inter-faith Network on Population and Development will take place in Istanbul, Turkey, 20-22 October 2008. To this end, a series of regional faith-based forums was first organized to share best practices and lessons learned, and to make recommendations for the best ways in which FBOs at the regional-level could partner successfully to meet some of the most pressing concerns related to HIV prevention and AIDS treatment, gender-based violence, the empowerment of women, reduction in maternal mortality, and addressing ways in which FBOs can assist in humanitarian crises. These unique occasions offered the opportunity for UNFPA and FBOs to showcase their recent partnerships, assess the process and move forward their shared critical mandates, and to building the foundation for an Interfaith Network on Population and Development. The four regional faith-based forums to be held prior to the Global forum are:

1. *Africa - Durban, South Africa, 4-5 December 2007*
2. *Asia and the Pacific - Kuala Lumpur, Malaysia, 5-6 May 2008*
3. *Arab States - Cairo, Egypt, 21-22 July 2008*
4. *Latin America & Caribbean - Buenos Aires, Argentina, 16-17 September 2008*

INTRODUCTION

As the momentum gathers for the Global Forum and launch of the Interfaith Network on Population and Development, UNFPA seeks to constructively assess the specific challenges of building and enhancing FBO partnerships at the regional level, identifying successful partnerships, and determining a set of concrete recommendations which can be integrated into the respective country programmes.

Forum Objectives

The Asia and Pacific FBO Forum was held between 4-5 May 2008 in Kuala Lumpur, Malaysia to share, discuss and learn from FBO partnership experiences in the region. This Forum, organized by UNFPA, was designed to engage FBO partners in Asia and the Pacific region to deliberate on the challenges, lessons learned, success stories and to make recommendations on strengthening the partnerships in reducing maternal mortality, combating HIV and AIDS and gender-based violence, and addressing population issues in humanitarian settings.

The key objectives of this Forum were to:

- To showcase and illustrate a regional coalition of FBOs, religious and indigenous leaders stemming from regional networks that are committed to the MDGs and UNFPA's ICPD mandate (reproductive health, gender equality and empowerment, population dynamics and development);
- To share challenges, achievements, lessons learned and best practices that have led to culturally sensitive and rights-based partnerships and alliances in the region, especially in the areas of reproductive health and gender equity;
- Develop recommendations for governments and UN agencies with concrete guidance on enhancing regional partnerships with faith-based organisations especially in the areas of reproductive health and gender equality;

- Select key participants from the regional forum to participate in the upcoming Global Forum in 2008.

The Forum served as a platform for reflection, consultation, networking and partnership-building on the reproductive health issues that are high on the ICPD agenda, between UNFPA and FBOs. The Forum highlighted the common goals and missions of UNFPA and FBOs in serving humanity, and the consultative process helped in identifying ways on how this partnership can be further strengthened.

Overview of the Consultative Process

The Asia and the Pacific Regional Forum on Strengthening Partnerships with Faith-based Organisations (FBOs) in Addressing ICPD deliberated on the following issues in five plenary sessions and two group discussion sessions: partnering with UNFPA, where the objective was to provide religious representatives from diverse faith traditions an opportunity to welcome the other participants and express their commitment to the importance of partnering with UNFPA; working with FBOs to reduce maternal mortality, where the objective was to hear from the FBOs on their experiences partnering with UNFPA around maternal mortality issues; working with FBOs on HIV and AIDS where the objective was to hear from the FBOs on their experiences partnering with UNFPA around HIV prevention and AIDS treatment, and the stigma and empowerment issues faced by those infected and affected - specifically, what kinds of partnerships have taken place and on what? What are some of the success stories? What are some remaining partnership challenges?; partnering with FBOs to eliminate gender-based violence (GBV) and support women's empowerment efforts. The objective was to share lessons learned on partnering around violence against women issues (e.g. sex-selection, domestic violence, dowry etc.) as well as women's empowerment initiatives; and finally, working with FBOs in addressing population issues

INTRODUCTION

in humanitarian settings, where the objective was to assess the importance of partnering in times of conflict and natural disaster, and the impact of these situations on data collection, reproductive health, GBV, as well as migration issues.

In addition to making recommendations for improving UNFPA-FBO partnerships, each of these topics allowed participants to highlight some of the challenges and the success they have encountered during their partnerships with UNFPA.

Forum Outputs

The Forum provided a unique opportunity to reflect on partnerships between UNFPA and FBOs in the Asia Pacific region, thereby facilitating, through this report, the documentation of achievements, challenges, lessons learned, best practices on building effective partnerships with FBOs for responding effectively to maternal mortality, HIV and AIDS, violence against women, and population issues in humanitarian settings. Furthermore, the presentations and discussions during the Forum led to several recommendations to enhance partnerships between UNFPA and FBOs as a key means of better outreach and efficiency in targeting ICPD issues. Last but not least, the Forum was crowned with the establishment of the Regional Interfaith Network on Population and Development in the Asia-Pacific Region.

Participants

Sixty eight participants from 14 countries in the Asia Pacific Region (Afghanistan, Bangladesh, India, Indonesia, Iran, Malaysia, Nepal, Pakistan, Papua New Guinea, the Philippines, Pacific Islands Thailand, Timor Leste and Sri Lanka) and participants from Uganda, Switzerland and USA also attended the 2-day regional Forum. The participants consisted of religious leaders, government officials, academicians, community leaders and key representatives of from various faith-based groups reflecting the religious diversity in the region (Christianity, Islam, Buddhism, and Hinduism). A cross section of representatives, assistant representatives and programme specialists from 12 UNFPA Country Offices in the region and programme managers and advisors from UNFPA headquarters also attended the Forum.

“UNFPA has systematically worked to mobilise like-minded members of all faith-based communities. This was not a matter of coincidence. After all, your communities have traditionally served as the oldest social service networks - and mechanisms - known to humankind. Furthermore, you have, in many instances, unparalleled social, moral and political capital - and thus legitimacy - within and among your respective communities. Once convinced, you are able to employ these vast resources, to serve the purpose of the greater good. In so doing, you are the true ‘agents of positive change!’”

- Purnima Mane, Deputy Executive Director (Programme), UNFPA

FBOs - UNFPA Partnerships: Concrete Examples at the Country-Level

The deliberations began with four faith-based representatives from Iran, India, Fiji, and Sri Lanka sharing their experiences of partnerships with UNFPA.

INTRODUCTION

The Case of Iran
By Malek Afzali.

Evidence-based dialogue with religious leaders and policymakers has proven to be a suitable approach when conducted within the framework of indigenous beliefs and culture. For instance, evidence on the benefits of family planning and the harms of early, late or repeated pregnancies subsequently led to the approval by the Iranian religious and political leaders to implement a highly successful family planning programme. This can be exemplified from Iran's achievement in reducing the total fertility rate from 6 to 2 within a period of 15 years. Part of this success can be attributed to the cooperation of Islamic scholars and UNFPA which generated the necessary political commitment. The same could be said of the implementation of a family-based programme on adolescent sexual and reproductive health when relevant teachings of Islam were applied. By conforming to the culture, beliefs and religion as well as using evidence based on scientific research, religious leaders were encouraged to endorse the programmes by combining three facts:

- i. In Islam, the preservation of one's well being is a matter of principle; as is parental responsibility for the education and upbringing of their offspring;
- ii. There is incontrovertible scientific evidence that too

many pregnancies increases the risk of maternal death; and

- iii. If parents put off teaching their children about reproductive health, the well being of future generations could be compromised.

The Case of India
By Anish Dua, Art of Living Foundation.

“Our experience with UNFPA shows that when theologians cooperate with UNFPA and share scientific evidence on reproductive health matters, excellent results can be achieved, with the Islamic Republic of Iran being a case in point.”

- Malek Afzali, Ministry of Health and Medical Education, Iran

“We are already seeing evidence of increased violence against women; rape, abduction, trafficking and the onset of practices such as polyandry. In certain parts of the world, women are being ‘bought’ as brides too. Sex selection is not about technology alone. It is the mindset that is the cause and is what needs to be addressed through love. At the heart of the issue is the status of women in society and the discrimination they face throughout their lives.”

- Anish Dua, the Art of Living Foundation, India

In India, partnership with UNFPA has brought about an act of solidarity among religious leaders in speaking out against sex-selection and female infanticide. Through a conclave on “Faith for Action against Sex Selection”, a diverse group of over 70 religious leaders joined hands to combat the practice of sex selection and projects were carried out in the states of Punjab and Maharashtra. Followers are urged to make a pledge to neither commit nor support the act of female foeticide or *Kanya Bhroon Hatya*. This partnership has also vastly improved the capacity of religious leaders in addressing reproductive health and family planning issues in the country. It was asserted that ending violence against women, including sex selection, requires changing the mindset and instilling love. Processions led by religious leaders and holding seminars were effective tools in sending out a message of love to address the issue of sex selection among young people.

INTRODUCTION

The Case of the Pacific Island Countries
By Bishop Apimeleki Nadoki, Pacific Conference of Churches, Fiji.

In Fiji, there is evidence of the importance of working with UNFPA and other similar organisations that are committed to the common goal of delivering justice. While religious organisations such as the church have the structure that can work closely with the masses, UNFPA has the expertise and resources. Strengthening of partnerships and long-term commitment between the church and UNFPA should continue to take place in several key areas - including HIV prevention and AIDS treatment, climate change and rising sea levels as faced by the Pacific islands. Further, more coordinated efforts are needed to engage FBOs to work with UNFPA on related issues in a systematic manner to achieve the common goals of serving humanity. It is recommended that HIV and AIDS strategies be directed to the prevention of HIV through spiritual strengthening and understanding; creating awareness of HIV in collaboration with national resource partners targeting youth, men and women; providing care to people living with HIV and AIDS, and working towards greater gender empowerment.

Specific recommendations for Fiji for UNFPA to further its support to FBOs included:

- Develop RH briefing notes for FBO information;

- Conduct further advocacy with church leaders and members of FBOs on how to increase community resilience and work with women and young people;
- Further (careful) consultations with the church, for example, on ABCD approaches to HIV prevention (Abstinence, Be Faithful, Condoms, Delay) and examine ways of increasing support for informed choices – use of condoms by sexually active members of their congregation – some churches may be prepared to advocate this if the message is sold correctly – saving lives of their parishioners, protecting health, etc.;
- Investigate access to FBO volunteers for peer educators;
- Explore the possibility of FBOs conducting behaviour change communication (BCC) programs – although again this needs careful review of the types of behaviour they may be interested in promoting. Focus on Sex Workers, including sex work pillars 1 and 3 (reducing sex work and rehabilitating former sex workers);
- Host additional consultations on the church's broader role in Sexual and Reproductive Health (SRH) – or the possibility of church run SRH clinics in community settings where no government clinics exist. Offer church led sports groups as a vehicle for introducing health messages to the community;
- Examine church's role in hospice/treatment and care for People Living With HIV and AIDS (PLWHA) and terminal AIDS cases.

“The Ecumenical Network of Women and Youth on HIV and AIDS mainly funded by UNFPA would provide an opportunity for women and youth to be in solidarity with and provide accompaniment to their sisters and brothers who are living with HIV and AIDS, engaging them in exploring, advocating and influencing perceptions and understandings about HIV and AIDS and sexual health in general.”

- Bishop Apimeleki Nadoki, Pacific Conference of Churches, Fiji

INTRODUCTION

The Case of Sri Lanka

By Ms Yukie Ramona Sirimane, Damrivi Foundation.

In Sri Lanka, the central role of spiritual comfort and cultural coping mechanisms in times of difficulty was highlighted. In the aftermath of the Tsunami, spiritual relief was just as important as other basic material needs. The partnership with UNFPA in combating gender-based violence offers an opportunity to extend religious Buddhist teachings on Dependant Origination which emphasize the need to eliminate root causes rather than effects.

For example, it would serve well to promote a health relationship between husband and wife, to address

domestic violence in the long run by moulding their attitudes and educating them on mutual duties and responsibilities towards each other. The work to

combat violence against women is a culturally sensitive issue that needs to be approached with caution. A more holistic approach to addressing issues such as poverty alleviation and education is needed. The Damrivi Foundation looks forward to other areas of collaboration with UNFPA such as combating HIV and AIDS, improving reproductive and maternal health, and special

outreach to adolescents and aging populations.

“We at Damrivi believe that there cannot be social and economic development without spiritual development. Today, due to the political conflict in Sri Lanka, international funding agencies and the corporate sector are reluctant to be identified with faith-based organisations... In this context, we wholeheartedly appreciate the initiatives by UNFPA to enter into partnerships with FBOs.”

- Yukie Ramona Sirimane, Damrivi Foundation, Sri Lanka

2 WORKING WITH FBOS TO REDUCE MATERNAL MORTALITY



*Case Study 1: Nahdatul Ulemma
Presenter: Dr. Wan Nedra Komaruddin,
Nahdatul Ulemma, Indonesia.*

In the case of Indonesia, a focus on women's empowerment will enable women to address the social conditions that could endanger their health and lives. Through the extensive service network of the *Nahdatul Ulemma's* women's associations (*Muslimat & Fatayat*) numerous activities have been carried out to improve reproductive, maternal and child health in Indonesia. The partnership between FBOs and the UNFPA, in particular, has reduced the cultural taboo of discussing such matters in public. Some of the main recommendations from the Indonesian case included engaging the Ulemma in the reinterpretation of religious verses and texts, correcting common myths and misconceptions of reproductive health, overcoming the dominance of a patriarchal culture, and inducing behavioural

change through education.

The specific recommendations coming from the Indonesian case to reduce maternal mortality are as follows:

- Foster closer relationships among Governments, NGOs, FBOs, as well as national and international funding agencies;
- Demonstrate strong commitment and credibility in joint faith-based organisation initiatives by effective implementation of the ICPD PoA and MDGs, and focus on

the adopted implementable resolutions until the community reaches its objectives. In this context, the FBOs should be enabled by governments and closer cooperation with international development partners such as UNFPA, to fully play their roles in following up the implementation of the ICPD PoA;

- Participate and coordinate effectively in all regional and international forums, in order to protect and promote the collective interests of the FBOs;
- Improve and reform educational institutions and curricula at all levels, link postgraduate studies to the comprehensive development plans of the FBOs. At the same time, priority should be given to science and technology and facilitating academic interaction and exchange of knowledge among the faith-based academic institutions, while

WORKING WITH FBOs TO REDUCE MATERNAL MORTALITY

striving for quality education which promotes creativity and innovation;

- In consultation with governments and FBOs, ensure the implementation of laws aimed at enhancing the advancement of women in economic, cultural, social, and political fields, in accordance with Islamic values of justice and equality; and aimed also at protecting women from all forms of violence and discrimination.

Case Study 2: The Catholic Church in the Philippines

Presenter: Fr. Ramon Echica.

Poverty and illiteracy are among the factors leading to high maternal mortality in the Philippines. High maternal deaths in public hospitals were, in part, caused by complications that happened during home delivery. The high rate of maternal deaths in some areas also reflected the lack of real choices by women who were socially and culturally trapped. There were cases where mothers, despite repeated warnings by their doctors, were convinced to undertake high risk pregnancies by their husbands. With the support of UNFPA, the Catholic Church has played an important role in changing the cultural mindset of the people. In the Philippines, the Church can teach the people about responsible parenthood and educate them on methods of family planning. While there exists some differences between the Church and UNFPA on certain issues, both parties are working hand in hand for common goals, including the effort to reduce maternal mortality.

Case Study 3: The Islamic Committee of Songha

Presenter: Mr. Wisoot Binlath, Thailand.

Due to a shortage of female obstetricians, many Muslim women have engaged the services of

traditional midwives who have no proper medical training in the delivery of children. The maternal mortality situation is further complicated by social unrest (i.e. the imposition of a curfew) in southern Thailand which resulted in limited delivery of health care services. Collaboration between the Islamic Committee and UNFPA in conducting special courses for key stakeholders (e.g. religious leaders, men, women and youth) and dissemination of related materials will help to reduce the reliance of untrained midwives and increase reproductive health knowledge. The Islamic organisations have organised pre-marital courses and encourage blood tests before marriage. They work together with the state agencies and UNFPA to improve maternal and child health, in

conformity with an Islamic way of life.

Case Study 4: Family Planning Association of Bangladesh.

Presenter: Mr. Mohammad Abbas Uddin

In Bangladesh, significant progress has been made in family planning and women's rights over the years with the support of UNFPA. This was achieved through the adoption of country-specific strategies for engaging grass roots level religious leaders in the community and rallying them to the cause. It is very important to take into consideration the local situation and acquire the support of the religious leaders in implementing the family planning programme. The Imams/religious leaders have direct contact with the community. Their involvement is important for bringing about positive change regarding SRHR, maternal mortality and gender. It is important to impart capacity building and training to all levels of religious leaders and strengthen their ability to promote safe motherhood utilizing the religious values and appropriate quotations from the religious scriptures.

In Bangladesh, initial family planning efforts were met with hostility and suspicion due to problematic approach which focused on population control measures. However, the use of religious teachings and verses from the Qur'an and *Hadith* (sayings of the Prophet Muhammad) to address the need for family planning and importance of maternal health has change the attitudes of the *Ulemma*. Involvement of the FBOs in the planning and implementation of SRHR programs is crucial as religious leaders can mobilize their credibility to promote safe motherhood. A respectful engagement, bringing together religious and public health leaders to encourage long-term collaboration and cooperation is the key to success. The specific recommendations to reduce maternal mortality in Bangladesh are as follows:

- Involve FBOs in the planning and implementation of SRHR programs;
- Establish regional and global partnerships of FBOs in ensuring safe motherhood;
- Organise orientation programs for Mosque/Church/Mandir Committee members on SRHR and gender roles;
- Develop religious and public health literacy through formal courses, joint training and shared materials to improve understanding between the Muslim Religious Leaders and public health agencies;

- Expand community workshops to engage more FBOs in community health work and bringing together religious and public health leaders in "Executive Sessions" to encourage long-term collaboration in policy-making and project implementation.

"The Imams and religious leaders have direct contact with the community. Their involvement is important to bring about positive changes regarding RHR, maternal mortality and gender (equality). We need to provide capacity building and training to the grassroots level and upper level religious leaders."

- Mohammad Abbas Uddin, Islamic Research Cell, Family Planning Association of Bangladesh

"The Critical and the most effective intervention that we have heard about is partnership. We heard from every presenter how partnering with the Ministry of Health, partnering with UNFPA, partnering with the religious community, partnering with the larger community - partnership - has been the driving force."

- Sarla Chand, ACCESS Programme, Washington D.C

Discussion

During the discussion, participants were asked to consider the fact that millions continue to die in pregnancy and childbirth despite medical advances in maternal health. In many places, illiteracy, poverty and cultural factors have contributed to the incidence of maternal mortality. Action must be taken at the local-level with religious leaders as custodians and interpreters of faith. Religious leaders can and do highlight teachings and verses in the holy books which honour women as wives, mothers, sisters and daughters.

Questions and comments from the floor reiterated the need to educate women, to promote their rights and to ensure gender equity. Some of the faith-based representatives argued that the empowerment of women is important for their own safety, protection and well being. Participants suggested

an integrated approach to the reduction of maternal mortality, with a shift of emphasis from the technical to the social aspects. Partnerships between UNFPA and FBOs must be based on mutual recognition

WORKING WITH FBOS TO REDUCE MATERNAL MORTALITY

of the different country situations and context as well as respect for the different mandates. Participants also noted that there has to be a distinction between culture and religion when referring to outmoded patriarchal practices which have affected the welfare of women. The wide spread cultural preference for male progeny, for example, has led to pressure for multiple pregnancies. This has also led to sex selection and female foeticide. There was

consensus that religious precepts should be used to support a fair and just treatment of women in the society.

“Clearly, patriarchy is common in all societies. However, its not strictly related to religion, it is also related to culture. So , we have to spearate the culture and the religion... This is a very important issue (because) Islam says that women and men are equal, and the best among us is the one with better deeds.”

- Malek Afzali, Ministry of Health and Medical Education, Iran

3 WORKING WITH FBOs ON HIV AND AIDS

Case Study 5: The Interfaith Network on HIV Prevention and AIDS Treatment
Presenter: Ven. Phramaha Boonchuay Doojai, Thailand.

In Thailand, the Interfaith Network on HIV and AIDS has played a significant role in the fight against HIV and AIDS right from the beginning. The advantage of an interfaith network is that it has enabled the sharing of resources, experience, vision, effort and strategies to help those who suffer from the disease. UNFPA and FBOs have partnered to create more awareness and advocacy in both the prevention and care of those suffering with HIV or AIDS in Thailand. UNFPA has helped FBOs to work more efficiently and trained members of the religious community to halt the spread of HIV and AIDS. By enhancing the competence of FBOs in HIV prevention and AIDS treatment and strengthening partnership with other agencies, UNFPA enables religious leaders to play a major role in taking the necessary action to alleviate the sufferings of HIV and AIDS victims. As such, global funding is important in ensuring the continuation of such programmes in the community.

“We formed the interfaith network on HIV and AIDS in Thailand with a goal of ensuring that the (various) communities work together - regardless of their beliefs, faith or tradition in preventing the spread of HIV and AIDS and assisting people with HIV and AIDS and affected families with access to care and support.”

- Ven. Phramaha Boonchuay Doojai (Sirindharo), Chiang Mai, Thailand

“The partnership between FBOs and UNFPA has opened the eyes, educated and changed the attitude of the religious community. Religious leaders now regularly incorporate HIV and AIDS messages in their outreach, touching on broader social issues and advocating for those affected and infected by HIV and AIDS.”

- Achant Ram Lamichane, Padit Shree Ramkrishna Upadhaya, Nepal

Case Study 6: FBOs Fighting HIV and AIDS in Nepal
Presenter: Mr. Achant Ram Lamichane, Padit Shree Ramkrishna Upadhaya.

In Nepal, the challenge of HIV prevention and AIDS treatment can be attributed to general apathy, fear and stigma. The silence and denial of HIV and AIDS transmission and lack of preventive measures have made it difficult to address high risk behaviour. More importantly, the lack of culturally suitable strategies has made the fight against HIV and AIDS difficult. By empowering the religious leaders, forming partnerships and providing capacity building, UNFPA can make use of the interfaith movement to highlight the problem and bring about positive changes.

Case Study 7: Masjid Council of Community Advancement
Presenter: Maulana Abdul Kalam Azad, Masjid Council of Community Advancement, Bangladesh.

In Bangladesh, the partnerships between the UNFPA and FBOs has helped check the spread of HIV since the late 1990s. The

WORKING WITH FBOS ON HIV AND AIDS

training of Imams and other religious leaders, in particular, has helped in disseminating information and gaining public support. When religious leaders become advocates of the cause, public spaces like the mosques become a fertile ground for the empowerment of religious leaders and the family, including women and their husbands. Faith-based approaches have proven very effective in reaching the grassroots. Interfaith cooperation has been strengthened and promoted better coordination among all key stakeholders. Capacity

- Raise awareness - faith-based organisations need to be aware of the latest changes and developments in areas of AIDS research so as to keep people informed of those changes;
- Faith-based organisations should be given priority by those supporting and resourcing work in the health sector;
- Build capacity of faith leaders to ensure their maximum contribution;



- The partnership needs to focus on young people, irrespective of gender, to protect them from being exposed to risk factors.

*Case Study 8: Malaysia Care
Presenter: Pastor Pax Tan Chiow Lian, Senior Director, Prison Drugs & AIDS, Malaysia Care.*

building of faith leaders should be continuously and comprehensively undertaken to ensure their maximum contribution. The specific recommendations to enhance partnership between FBOs and UNFPA for combating HIV and AIDS in Bangladesh are as follows:

“Partnerships with the UNFPA and other key agencies have broadened the outreach of FBOs and enriched their abilities to respond..”

- Pastor Pax Tan Chiow Lian, Prison Drugs and AIDS, Malaysian Care

- Undertake coordination of all actors working on HIV and AIDS;

In Malaysia, religious leaders are urged to “go to the ground” and find ways to help. The HIV and AIDS issue is not going to go away on its own and the religious leaders have an obligation to help, despite the limited ability to provide services.

Confronted with the realities on the ground, religious leaders must recognize that an extraordinary response is needed to overcome the threat of HIV and AIDS. If left unaddressed, it could very well shake

the foundation of religious faith to its core. Religious leaders must be clear on and

committed to their goals for the right reasons, by understanding what is at stake, and realizing that HIV and AIDS will have a huge impact on the lives of the community, especially women and children.

Discussion

HIV and AIDS presents a serious issue that needs to be addressed and denial of this will only leave the problems unresolved. The existence of drug users, homosexuals, prostitution, pre-marital or extra-marital sex can no longer be swept under the carpet. Reaching out to high-risk groups is only one of the many challenges which faith-based organisations will have to learn to address. There is a clear call for more training for religious leaders and UNFPA to take the lead in capacity building. Destigmatizing of the people with HIV and AIDS and recognizing their rights to information, treatment and assistance should be a priority of the various

faith-based communities as they partner with UNFPA.

The participants recognized that there are country differences in the response to HIV and AIDS, in particular on the focus towards prevention and intervention. However, FBOs have to consider all tools and means of protection available to deal with the devastating impact of AIDS on young women, pregnant mothers and their children as well as the high risk groups. Condom use, for example, remains a point of contention for some faith-based organisations. Misunderstanding and misinterpretation of religious precepts have also undermined the FBOs' efforts to combat HIV and AIDS. In many cases, women were unable to protect themselves from their husbands and became infected with HIV. Sensitivity and tact are needed by FBOs and UNFPA to address the challenges of HIV and AIDS.

“It (HIV and AIDS) is more than just a religious issue, it is a rights issue, it is a gender issue, it is a social issue and of course it is a health issue. We have to have more education and awareness of these different angles so that our religious response would be truly a just, righteous, and compassionate one and that we learn along the way.”

- Pastor Pax Tan Chiow Lian, Prison Drugs and AIDS, Malaysian Care

Recommendations from Group Discussion on HIV and AIDS

- Support FBOs to study and expand successful faith-based models of intervention within the UNFPA mandate;
- Support institutional capacity building/development of FBOs; train religious leaders in AIDS issues to help fight the pandemic;
- Sensitize communities on the use of condoms to prevent HIV;
- Support the medical fraternity to offer quality care to people infected with HIV;
- Support FBOs on religious precepts regarding HIV and AIDS and its prevention;
- Adopt a multi-disciplinary approach and broaden partnerships to include other players, with FBOs at the forefront;
- Support sex education through FBO educational institutions to sensitize young people on HIV and AIDS and inculcate sexual responsibility among the young;
- Support/sponsor FBO media campaigns to sensitize the public regarding the spread and danger of HIV and AIDS.

4 PARTNERING WITH FBOS TO ELIMINATE GENDER-BASED VIOLENCE AND SUPPORT WOMEN'S EMPOWERMENT EFFORTS

*Case Study 9: Divya Jyoti Jagrati Sansthan
Presenter: Ms. Jaya Bharati, India.*

In India, gender-based violence and empowerment of women are old issues and not something new. Despite the efforts, however, the society has become a more dangerous place for women to live in. In India, domestic violence, sexual assault, emotional abuse and harmful traditional practices like *sati* and dowry have continued. Today, the girl child is seen as a liability and female foeticide remains a problem, due to son preference. Laws can be enacted but the challenge lies in how people can be made to follow it. The root cause of failure is the unchanged mindsets of the masses. There has to be a transformation of mindset and FBOs can play a major role in awakening this change within, going beyond past applications at the secular level.

*Case Study 10: Violence Against Women in Afghanistan
Presenter: Mr. Mawlawee Sediqullah, Afghanistan.*

The situation of women in Afghanistan presents a serious challenge to human development. Women in Afghanistan die at a very young age and face harsh daily circumstances and realities. Women do

not have the right to select their future life partners and their contributions are not recognized by the society. Further, traditions rooted in culture, such as the exchange of women among families to diffuse conflicts of honour and avenge pride between tribes is a serious gender-based crime perpetrated against women.

"In Afghanistan, like in some other countries, women are unfortunately the victims of many traditional and cultural values which have, at times, overshadowed proper religious teachings."

- Mawlawee Sediqullah, Head of Verdict & Virtues Office, Supreme Court Afghanistan

Women (CEDAW) by the government has led to the adoption of policy measures aimed at improving the status of women. The Government has also adopted gender mainstreaming strategies such as a strategy for advancing women's status. However the growing involvement of women in non-domestic activities and the constant advocacy for equality with men may be fuelling increased violence in the home and public spaces.

UNFPA has also played a significant role in addressing gender inequality and GBV in Afghanistan. At the policy level, UNFPA successfully advocated

The international community has played a very important role in advancing the rights and status of women in Afghanistan. The adoption of the Bonn Agreement and the ratification of the Convention on the Elimination of Discrimination against

PARTNERING WITH FBOS TO ELIMINATE GENDER-BASED VIOLENCE AND SUPPORT WOMEN'S EMPOWERMENT EFFORTS

for retaining the Women's Ministry despite efforts to abolish it during the reshuffling of the transitional government in Afghanistan. Working with religious leaders at three levels, UNFPA has succeeded in strengthening the institutional mechanism for the promotion and protection of the rights of women and to advance gender equity. However, more work remains in the rural areas.

Case Study 11: Central Board of Muhammadiyah and Violence against Women in Indonesia
Presenter: Mr. Abdul Mukti.

The causes of gender-based violence are multifold. The root causes are patriarchal culture, religious fundamentalism, inadequate law enforcement, women's lack of awareness, a global culture of violence and poverty.

Various policy measures have been put in place and laws enacted. A Ministry of Women was set up to advance the status of women. Women were actively involved in the work of FBOs. However, despite progress in women's empowerment and reducing gender-based violence, there are still many challenges rooted in culture, stereotypes in the workplace and male dominated society. In addition, some women lack awareness and understanding of their own rights, resulting in under-reporting and a general reluctance to seek legal redress for abusive behaviour. The *Muhammadiyah* seeks to promote gender mainstreaming, public education and advocacy for the victims. Through faith-based dialogues, the organisation engages religious leaders for a context-relevant

reinterpretation of sacred texts.

Case Study 12: Violence against Women in Pakistan
Presenter: Dr. Arfa Saeda Zehra, Chairperson National Commission on Status of Women, Pakistan.

The equal treatment of women cannot be achieved if the nature of their existence is perceived as inferior. Gender inequity is a reality, and the issue of unequal power relationships between the sexes has prompted the subjugation of women in society. In Pakistan, the National Commission on the Status of Women works together with the government, non-government organisations, international agencies and the UNFPA to address the problems of gender-based violence in Pakistan. The challenge lies in rectifying the perpetuated inferiority of women through misinterpretation of religious texts. It was argued that faith transforms a biological being into a moral being, and religion should not be confused with societal norms.

“Domestic violence is a public matter which affects the society, and it is not a private affair.”

- Abdul Mukti, Secretary, Council of Education, Central Board of Muhammadiyah, Indonesia

“Violence against women, to me, is violence against half of humanity. Women are equal partners and inheritors of the divine heritage.”

- Arfa Saeda Zehra, Chairperson, National Commission on Status of Women, Pakistan

Discussion

Participants argued that there can be no disputing that gender-based violence is a global problem, is not a private affair and comes in various forms. Culture is often mixed up in a potent manner with religion, where the latter is manipulated to justify the subjugation of women. FBOs should provide practical help to victims but the effort must go well beyond that to bring about mindset

PARTNERING WITH FBOs TO ELIMINATE GENDER-BASED VIOLENCE AND SUPPORT WOMEN'S EMPOWERMENT EFFORTS

change in the general population. There is a need to counter the damaging elements in culture, especially challenging the norms of violent behaviour propagated in the name of faith. This requires a real examination of the role of religious leaders in becoming enablers of violence.

The example was given of married women being burned due to the failure to produce dowry. A proposed change to improve the situation of women has to happen at three levels: the state, society and individual. While general awareness of the issue is important at the individual level, specific laws are needed from the state to address the problem. In addition, although modern reinterpretations of religious texts are occurring in some locations, their acceptance is sometimes mired in controversy. Although the reporting of GBV has increased, more focus should be given to the education of girls as the most effective means of combating GBV and empowering women.

Participants pointed out that in many situations on the one hand, law enforcement officers consider domestic disputes as a private affair. On the other hand, some overzealous religious

spokespersons are quick to criticize women over minor outward (visible) religious deviations. The effort to combat GBV has to start with the younger generation and there is a clear need to work with boys and men. Broad recognition and appreciation of women's contribution to the society on the part of males will contribute towards their empowerment. There is general consensus on the need to make a clear distinction between cultural and religious origins of GBV so that mutual respect of human rights between the sexes can be actualized. Suggestions were made to incorporate these elements into the curricula of religious schools and the FBOs need to share or make known their support of women's empowerment and prevention of GBV. The network between FBOs, the media, policy makers and civil society will encourage an exchange of ideas and experiences, as well as inter and intra-faith exchanges across nations. FBOs have to be agents of positive change and bring moral thinking into action, taking into account of the local situation and understand where we come from, how far we have gone and where we are going.

“The love for another human being is not about the law. I believe that it is not about setting goals to win someone over. It is about what comes from the heart. If women are part of humanity, then it is important to work on humanity to help remind everyone that women are humans too.”

- Apimeleki Nadoki, Pacific Conference of Churches, Fiji

Recommendations for Partnerships around Gender-based Violence and the Empowerment of Women

- Integrate women's empowerment in religious curriculum, with special emphasis on reproductive rights of women: Build capacity and provide training on gender sensitivity for addressing gender-based violence and gender equality;
- Pool best practices of FBOs and share FBO experience among countries in learning and replicating such best practices to address gender based violence;
- Strengthen partnership among FBOs to coordinate the use of available resources;
- Expose men to GBV at younger ages so it has an impact on their mindsets. This can be achieved by focusing on youth and conduct in youth interfaith dialogues on GBV and women's empowerment with FBOs;
- Allow more representation of women in FBOs;
- FBOs and religious leaders should challenge ancient and outdated customs and challenge traditional practices. This requires differentiating between culture and religion; cracking myths;
- Produce publications by FBOs on GBV to address specific prevailing practises;
- Work with the ministries of education to come up with modules addressing GBV, which blend social issues with religious education;
- FBOs and religious leaders can use their podiums respectively, to advocate for equality between men and women;
- Engage religious leaders in deliberating the misinterpretations of religion that leads to GBV;
- Establish a task force including religious leaders, policy makers and civil society for in-depth analysis of customs for specific countries and formulate appropriate strategies;
- UNFPA can support FBOs and religious leaders in lobbying for anti-GBV bill.

5 WORKING WITH FBOs IN ADDRESSING POPULATION ISSUES IN HUMANITARIAN SETTINGS

Case Study 13: Church World Services, Timor Leste
Presenter: Rev. Daniel Marcal.

The CWS cooperated with international agencies to provide relief for displaced peoples during the 2006 political crisis in Timor Leste. Besides providing food, health and educational assistance, there were also efforts to raise knowledge and awareness on family planning, HIV prevention and AIDS treatment, as well as literacy of women. Caritas Dili provided training to women to enhance their capacities to be more active and participate in decision making within their community and to be capable of generating income for their own families.

There are a multitude of challenges to reproductive health, HIV prevention and AIDS treatment, and these include religion, culture, language, polygamy and premarital sex, lack of national consensus about promotion of condom use for HIV prevention and poor health facilities. There is also the issue of risky behaviour due to lack of knowledge about HIV prevention and condom use. These problems are exacerbated during conflict situations when social stability is fractured and resources are difficult to access and mobilize.

In Timor Leste, FBO partnerships with UNFPA included

the socialization and training for youth to prevent the spread of HIV. Through advocacy work and capacity building of the religious leaders, inroads were made to engage FBOs as agents of change in addressing population issues. Nevertheless, much more is needed in terms of facilities, infrastructure and developmental programs for less developed countries like Timor Leste. It is hoped that more projects, centrally coordinated and planned, could be carried out in partnership with the UN agencies.

“Breaking barriers during conflict and disaster situations is not enough... Such situations should become the cornerstone to build bridges between the FBOs to come together and work together to as one, always. We should have more interfaith dialogue and endeavour to build up a good partnership, both in the regional and the international level. I think the UNFPA could help us in these matters. After all we all serve one common goal - to serve humanity.”

- Vasanthy Perera, YWCA of Sri Lanka

Case Study 14: YWCA of Sri Lanka
Presenter: Vasanthy Perera.

The multicultural and multireligious country of Sri Lanka features many faith-based organisations but they have usually operated unilaterally. However, FBOs have united in times of crisis and disaster. In the latest conflict situation, many IDPs (internally displaced people) have moved to refugee camps. These camps are danger zones for women and young girls, posing various health, safety and HIV and AIDS risks. The spread of infectious disease and high suicide rates are of grave concern to humanitarian workers. In addition, the rehabilitation work that begins after the conclusion of relief programmes is a daunting task

requiring the rebuilding of homes and families. With the help and assistance of international partners such as the UNFPA, various programmes are implemented, including faith-based counselling sessions for the victims. FBOs have a serious responsibility to educate the masses in promotion of peace, dialogue and mutual assistance. Respect for each other's faith, religion, nationality and gender should be taught so that greater understanding can be facilitated.

Case Study 15: FBOs in Afghanistan
Presenter: H.E. Suliman Hamed, Ministry of Religious Affairs.

Due to the similarities in geography, culture and religion, the learning from the humanitarian situation in Afghanistan can be of some use to other countries. Many people have suffered over long periods of strife, but some groups like women and children, are more vulnerable than others. In such circumstances, vulnerable groups face extraordinary risks in their daily lives from hunger, poverty, violence, illiteracy and diseases. Due to the extended history of conflict in Afghanistan, data collection regarding issues of maternal mortality, morbidity and other population information has been limited. During times of conflict, the role of the religious leaders (*Ulemma*) and groups in the country is indispensable and highly remarkable. Other than offering spiritual comfort, religious leaders have played a significant role in the community, so much so, that government and political leaders seek the support of the clergy to advance their cause. In fact, at the national level, the religious community are well represented in the government structure. Through the network of mosques, key social messages

were channelled through the khutbah (religious sermons) to the community. The Ministry of Health and Ministry of Religious Affairs have a good partnership with UNFPA and they are committed to supporting the various developmental initiatives in Afghanistan such as having UNFPA providing technical assistance in the upcoming national census by reaching out to communities that would otherwise be inaccessible.

“With an understanding of the local situation and culture, the religious leaders know what should be done during emergencies and times of crisis.”

- Suliman Hamed, Ministry of Religious Affairs, Afghanistan

Discussion

The intervention of international non-governmental organisations can help in alleviating the sufferings of the people. It must be noted, however, that spiritual support and religious needs must not be overlooked. In times of difficulties, opportunities arise for the FBOs to break barriers and work together. In many countries, religious leaders are key players in national affairs and community work. Thus, their ability to address humanitarian issues should be utilized. FBOs have a strong influence in shaping social realities and they have a direct impact on government policy. Through the promotion of social accountability and spiritual awareness, FBOs are able to reach both the grassroots and the top administrative levels.

Comments and questions from the participants focused on the role of the religious community in facilitating assistance and support in humanitarian settings. Unfortunately, many international agencies have prioritized physical rebuilding rather than spiritual or emotional rehabilitation. FBOs have to be trained in disaster preparedness so that they can respond better in times of crises. By strengthening their partnerships with UNFPA, FBOs can expand their role and serve the people better.

Recommendations from Group Discussion on Population Issues in Humanitarian Settings

- Support the capacity building and training of FBOs to respond more efficiently to humanitarian crises;
- Establish long standing associations with FBOs and inform them of the kind of technical support that UNFPA can provide them during crisis and the protocols of accessing such support;
- Prioritize FBO and UNFPA intervention and focus on collaboration between them;
- Engage FBOs in disseminating information and creating greater awareness of adolescent sexual and reproductive health during conflicts and emergencies as youth become even more vulnerable during these conditions;
- Ensure follow-up to this forum to create a network of diverse FBOs that can synergize, bond and strengthen each other's capacity during humanitarian crises;
- Ensure that funding be made available to FBOs to enable them to carry out interventions, and UNFPA should undertake the coordinating role in these efforts;
- Mainstream disaster relief management within faith-based teaching for FBO managed teaching institutions;
- Design "exploitation and abuse prevention strategies" in collaboration with the FBOs for emergencies;
- Collaborate to plan and implement women-focussed interventions to meet women's specific vulnerabilities and needs in times of crisis;
- Support integration of FBOs within National Disaster Risk Management bodies;
- Support by UNFPA for the preparation of a directory of FBOs that are already working in the area of disaster/crisis response.

6 CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

ISSUES AND CHALLENGES

From the proceedings, it was noted that there are several issues and challenges that have affected the networking and partnership between FBOs and the UNFPA such as: maternal mortality, HIV prevention and AIDS treatment, GBV and women's empowerment, as well as population issues in humanitarian settings. Below are some of the general and specific issues and challenges that need continued attention in order to enhance and strengthen partnerships between UNFPA and FBOs:

GENERAL ISSUES AND CHALLENGES

I. Narrow or literal interpretations of religious precepts which further complicate efforts to address critical issues

Often, religious texts and precepts are misinterpreted resulting in the perpetration of injustice and abuse. Selected verses in holy books, when taken out of context, are used to justify mistreatment and abuse of women and children. This has also resulted in greater social stigma and taboo as in the case of HIV and AIDS victims who live in fear and isolation. Not all religious leaders are supportive of an open and dynamic reinterpretation of holy texts, and these theological differences have divided and hampered the effort to address the critical issues related to population and development.

II. Confusion of cultural norms with religious precepts on critical issues

In many situations, the root cause of the problem is often "cultural related" rather than religion-based. The traditional practice of dowry, for example, has a greater hold on the society than religion. Religious

leaders have to compete with ancient traditions, superstitions and beliefs in order to change the mindsets of the people. A lack of ecumenical seminaries to present a unified response and more progressive theological arguments in support of the issues has resulted in short-term solutions made on an *ad hoc* basis.

III. Sensitivity of some population and reproductive health-related issues

Maternal mortality, reproductive health, HIV prevention and AIDS treatment, GBV, women's empowerment and population issues are sometimes sensitive because they are considered personal and private. Much of the reluctance to address such issues stems from cultural taboos and erroneous perceptions of religious teachings. For instance, it is difficult to openly talk about matters such as HIV and AIDS if the disease is viewed through a flawed retributive perspective. Similarly, "western" ideas such as feminism and secularism are often viewed with suspicion. Programmatic sensitivity by FBOs and UNFPA in addressing these issues is crucial, else it can lead to further public resentment and general apathy and might actually make matters worse.

SPECIFIC ISSUES AND CHALLENGES

I. Differences in approach to the critical issues

There are significant differences by country, religion, and culture which resulted in unique and diverse responses by the faith-based organisations and the UNFPA. While some local situations are similar, socio-cultural contexts dictate the kind of remedial strategies available. Sometimes, political leaders took an erroneous approach in population matters which led to opposition by the religious

CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

communities. For example, the general public could be resistant to ideas of population control by the government, but they can be led to appreciate the need for birth spacing and the long-term impact of sex selection. Due to the differing social positions of FBOs in the community, their influence and *modus operandi* varies significantly depending on the local situation, context and political climate.

II. Lack of knowledge, information, skills and training

FBOs lack knowledge and information on the critical areas. With few opportunities for training and capacity building, it is difficult to correct common stereotypes, myths and misconceptions. Limited knowledge in matters of reproductive health, for instance, limited the ability of religious leaders to formulate effective intervention programs. In addition, many FBOs remain unaware of UN-led initiatives and international country commitments (e.g. the ICPD or the MDGs) which prevents them from participating in these activities. Therefore, capacity building is a major area in which the UNFPA can provide to increase the commitment and contribution of FBOs to address the issues.

III. Lack of interfaith and intrafaith cooperation

Most FBOs have operated independently from one another. In times of crisis, opportunities of cooperation were not sustained for long term collaborations. As such, FBOs have failed to emerge as a coherent voice within the reproductive health and development arena. Insularity, a general disconnect of the FBOs from other social forces can result in isolation. Outreach efforts from both sides of the divide can help FBOs and the UNFPA to update each other on their activities, thus increasing windows of opportunity for further collaboration and partnership. Frequent interaction and collaboration fosters trust, and this could help to iron out differences between the FBOs and UNFPA.

IV. Lack of funding, facilities and services

FBOs carry out numerous programs at the

grassroots and their capabilities are often stretched to the limits. Without support in terms of funding and facilities, the ability of the FBOs to take-up additional roles is severely tested. It is important that eventually all programs and services can be self-sustaining and financially sustainable. In this way, strengthening partnerships is critical to maintain and build efforts to combat maternal mortality, HIV prevention and AIDS treatment, and GBV and promoting women's empowerment over the long-term.

V. Role equity and ownership

The UNFPA can play a significant role in bridging gaps and divides within the faith-based community, as well as between the civil society, private sector and the government. Henceforth, there is a challenge for UNFPA to ensure equal participation of FBOs in various local and international initiatives, in particular the incorporation of their work with other stakeholders to address reproductive health and population related issues.

RECOMMENDATIONS

There are common threads in these ensuing recommendations which echo and reinforce the need for deliberate, systematic, and sustainable partnerships between UNFPA and FBOs. These common elements include continued support for the capacity building on and around thematic areas; provision of resources to FBOs with a successful track record; ensuring that there is a deliberate outreach to FBOs to include them in planning and designing programmes and interventions at the outset; and supporting the continued interfaith networking among FBOs.

The following general recommendations were adopted at the Forum to strengthen partnership among FBOs and with UNFPA to address ICPD agenda on the key issues of reproductive health and population issues in humanitarian settings.

CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

Some of these recommendations are for UNFPA to take up and others for the FBOs, or both.

GENERAL RECOMMENDATIONS

- Establish regional and global partnerships of FBOs, with UNFPA serving as a link;
- Help support intra & interfaith initiatives for local and international partnerships;
- Build long-term commitment, partnerships and resource sharing;
- Develop multilateral partnerships between religious leaders, policymakers, UNFPA officers and other stakeholders;
- Involve FBOs in planning and implementation of various programmes;
- UNFPA should provide the necessary assistance in capacity building and training of FBOs;
- Differentiate between negative cultural norms and actual religious precepts;
- Utilize religion to promote healthy relationships between men and women, and promote gender equality;
- Produce educational and informational materials for dissemination, and tailor messages on various issues pertaining to the ICPD agenda from a religious perspective;
- Adopt country-specific, culture-specific and context-specific approaches and strategies to building partnerships with FBOs;
- Increase dialogues through meetings and seminars, broaden the participation of FBOs, and ensure more

follow-up meetings and dialogues after this Forum;

- Undertake more research and development activities to show the effectiveness of partnership among FBOs and with UNFPA;
- Promote male involvement in issues pertaining to reproductive health, the fight against gender-based violence and women's empowerment;
- Promote greater involvement of women in FBO work, and in decision-making in all spheres of life;
- Compile a list of FBOs and other relevant partners for dissemination to facilitate networking.

ISSUE-SPECIFIC RECOMMENDATIONS FOR UNFPA PARTNERSHIPS

Maternal Mortality

- UNFPA must continue to engage FBOs which would act as the bridge to translate policy into plain language, and adopt new innovations to achieve the objectives of these policies through direct application to the society;
- Foster more engagement and dialogue between UNFPA and the FBOs to have a better understanding of the issues that need to be addressed.

HIV Prevention and AIDS Treatment

- Support FBOs to study and expand successful faith-based models of intervention within the UNFPA mandate;
- Support institutional capacity building/development of the FBO network;
- Train religious leaders in HIV issues to help fight the pandemic;

CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

- Support FBOs on religious precepts regarding HIV and AIDS;
- Adopt a multi-disciplinary approach and broaden the partnerships with other players, by bringing FBOs to the forefront;
- Support sex education by encouraging FBO educational institutions to sensitize young people on HIV and AIDS and inculcate sexual responsibility among the young;
- Support/sponsor FBO media campaigns to sensitize the public about the spread and danger of HIV and AIDS.
- Promote more representation of women in FBOs;
- Set up centres to empower women to teach them life skills and how they can negotiate for their rights;
- Support FBOs to challenge outmoded customs and harmful traditional practices; and to differentiate between culture and religion and crack false myths;
- Address the problem of violence within religious places;
- Develop culture and area specific approaches taking into account the sensitivity of the issues at the local level;

Gender-based Violence and Empowerment of Women

- Build capacity and provide training for FBOs on gender sensitivity for addressing gender-based violence and gender equality;
- Pool FBO best practices and learn to replicate such best practices in addressing gender-based violence and share FBO experiences among countries;
- Strengthen partnerships among FBOs to coordinate the use of available resources;
- Organise programming around outreach activities with FBOs involving and engaging men in addressing GBV issues and acting role models for others;
- Expose men to GBV at younger ages so it has an impact on their mindsets. This can be achieved by focusing on youth and conducting youth interfaith dialogues on GBV and women's empowerment by involving FBOs;
- Heighten the awareness of women on their rights;
- Produce publications by FBOs on GBV to address specific prevailing practises;
- Develop reference materials; Introduce and support curricula/text books that are gender sensitive;
- Blend social issues such as GBV with religious education;
- Advocate for equality between men and women;
- Establish a task force including religious leaders, policy makers and civil society for in-depth analysis of customs for specific countries and formulate appropriate strategies.

Population Issues in Humanitarian Settings

- Support the capacity building of FBOs to respond quickly to humanitarian crises through training;
- Establish long standing associations with FBOs and inform them of the kind of technical support that UNFPA can provide them during crisis and the protocols of accessing such support;

CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

- Prioritize areas of intervention and focus on collaboration towards common objectives in spite of differences;
- Continue with family planning initiatives without attempting to control populations; enable people have informed choices even during conflict and crisis situations;
- Engage FBOs in disseminating information and creating greater awareness of adolescent sexual and reproductive health during conflicts and emergencies as the youths become even more vulnerable during these conditions;
- Follow-up to this forum to create a network of diverse FBOs that can synergize, bond and strengthen each other's capacity;
- Provide funding to FBOs to enable them to carry out interventions, UNFPA should undertake the coordinating role;
- Mainstream disaster relief management within faith-based teachings in FBO managed teaching institutions;
- Design "exploitation and abuse prevention strategies" in collaboration with the FBOs for emergencies;
- UNFPA and FBOs should collaborate to plan and implement women focused intervention to meet women's specific vulnerabilities and needs in times of crisis;
- Support integration of FBOs within National Disaster Risk Management bodies;
- Support the preparation of a directory of FBOs that

are already working in the area of disaster/crisis response.

CONCLUSION

The Forum provided an excellent opportunity for UNFPA and FBOs from 14 countries in the Asia Pacific Region to showcase and to share experience in implementing the ICPD agenda on maternal mortality, HIV prevention and AIDS treatment, GBV and population issues in humanitarian settings.

While significant progress in improving reproductive health has been achieved since the 1994 ICPD, much more remains to be done, as wide gaps still exist in the region, due to socio-economic, cultural and political conditions. HIV and AIDS and GBV are posing serious challenges and maternal mortality

needs to be drastically reduced to achieve the ICPD and MDG objectives.

The Forum clearly reflected that culture matters, and that there is confusion between religion and culture. Reproductive health and population issues cannot be

viewed in isolation from the circumstances that the country experiences, or the cultural norms of the society. FBOs are in a position to complement and supplement the efforts of other development partners, especially on sensitive issues. They have been very effective and successful in the delivery of services with their extensive network (especially their pools of volunteers), and expertise. Moreover, they have the credibility at the grass roots level which further lends to their effectiveness from the cultural and religious perspectives.

To serve people well, programmes must be people-

"It (the project) was very successful because it conformed to our culture, beliefs and religion as well as being based on evidence from scientific research."

- Malek Afzali, Ministry of Health and Medical Education, Iran

CHALLENGES, RECOMMENDATIONS AND CONCLUSIONS

centred and target-oriented and they must take into account socio-cultural and religious factors and actors. Although differences in approach reflect the diverse nature of the issues and this should be respected, some of the success stories in overcoming religious sensitivities may be replicated by other countries in the region.

Attendees at the Forum recognized the importance of partnership and collaboration among FBOs and with the international agencies. It was noted that UNFPA can play a significant role in bridging

differences and divides by facilitating, assisting and convening partners from different faiths to forge a common position (if not a common response) to various population and reproductive health related issues. Through participation in the Forum, those in attendance have shared the sentiment that they have indeed benefited from working with UNFPA and are looking forward to strengthening the partnerships going forward towards shared goals of human dignity.

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See also, Papers presented to this Forum.

ANNEXES

APPENDIX 1 - LIST OF PANEL CHAIRS AND DISCUSSANTS

APPENDIX 2 – PARTICIPANTS LISTS

APPENDIX 3 - AGENDA

APPENDIX 4 - ADDRESS BY MALAYSIAN GOVERNMENT REPRESENTATIVE

APPENDIX 5 – QUOTABLE QUOTES

ANNEXES

ANNEX 1 : LIST OF PANEL CHAIRS AND DISCUSSANTS

Inaugural Session

Chair: **Ms. Neela Jayaratnam**, Deputy Director, Asia and the Pacific Division, UNFPA

Opening Statement by Ms. Purnima Mane, Deputy Executive Director (Programme), UNFPA

Welcome Address by Ms. Aminah Abdul Rahman, Director General, National Population and Family Development Board (NPFDB), Malaysia.

Forum Objectives and Expected Outcomes: Ms. Azza Karam, Senior Advisor Culture, CGHRB, UNFPA briefed the participants on the forum objectives and expected outcomes

Session 1: Partnering with the UNFPA

Chair: **Ms. Purnima Mane**, Deputy Executive Director (Programme) UNFPA.

Session 2: Working with FBOs to Reduce Maternal Mortality

Chair: **Ms. Marina Mahathir** (Member, International Steering Committee, Asia Pacific Leadership Forum on HIV and Development - APLF, also Adviser, MAC/MAF)

Discussant: **Ms. Sarla Chand**, ACCESS Programme, Washington D.C.

Session 3: Working with FBOs on HIV and AIDS

Chair: **Mr. Arthur Erken**, UNFPA Representative Bangladesh

Discussant: **Dr. Adeeba Kamarulzaman**, President Malaysian AIDS Council

Session 4: Partnering with FBOs to Eliminate Gender-based Violence and Support Women's Empowerment Efforts

Chair: **Ms. Ena Singh**, UNFPA Assistant Representative India

Discussant: **Ms. Natalie Fisher-Spalton**, Deputy General Secretary YWCA, and

Dr. Mohammad Farooq Khan, Member Board of Directors "Al Mawrid" Pakistan

Session 5: Working with FBOs in Addressing Population Issues in Humanitarian Settings

Chair: **Mr. Ramesh Penumaka**, UNFPA Representative Afghanistan

Discussant: **Mr. Jowad Kezaala**, Inter-religious Council of Uganda

ANNEXES

ANNEX 2: LIST OF PARTICIPANTS

A. LIST OF FBO PARTICIPANTS – UNFPA COUNTRY OFFICE NOMINEES

S.No	Countries	Names of Participants	
1	Afghanistan	1. H. E. Salaiman Hamid Deputy Minister, Ministry of Haj and Religious affairs (MOHRA)	2. Mr. Mohammad Sediq Muslem, Head of Verdict and Virtues Office of the Supreme Court
2	Bangladesh	1. Mr. Moulana Abul Kalam Azad Chairman, Masjid Council for Community Advancement (MACCA)	2. Mohammad Abbas Uddin Dep Director of Islamic Research Cell, FPAB
3	India	1. Dr Anish Dua Art of Living Foundation	2. Ms. Jaya Bharti, Asst. Coordinator Programmes Divya Jyoti Jagrati Sansthan 3. Mr. Jameel Zamir Programme Coordinator, IPPF SARO
4	Indonesia	1. Mr. Abdul Muti, Exec. Director, Centre for Dialogue & Cooperation among Civilisations	2. Dr. Wan Nedra Komaruddin Vice Chairperson, Nahdatul Ulemma Institute for Health Care
5	Iran	1. Dr. Hossein Malekafzali 2007 Population Award Winner Director, Public Health Research Institute, Tehran Medical University	
6	Malaysia	1. Harlina Halizah Hj Siraj @ HJ Ramli Clinical Associate Professor, Dept. of Obstetrics and Gynaecology and Head, Personal and Professional Devt Unit, National University of Malaysia	2. Pastor Pax Tan Chiow Lian / Senior Director, Prison Drugs and AIDS, Malaysian Care Associate Pastor, Lutheran Church in Malaysia and Singapore Malaysian Care 3. Ms. Barbara Yen Yoke Wah Honorary Advisor & Counsellor Buddhist Gem Fellowship Counselling Unit, Malaysia

ANNEXES

S.No	Countries	Names of Participants	
7	Nepal	1. Mr. Achyut Ram Lamichhane (Hindu): (religious name: Padit Shree Ramkrishana Upadhaya) President, Shrimad Bhagwat Prachar Prasar Sewa Sangh	
8	Pakistan	1. Dr Arfa Zehra, Comparative Cultural Studies Expert, Educationist, Academic and Chairperson, National Commission on the Status of Women	2. Dr. Muhammad Farooq Khan : Acclaimed writer and Islamic academic, AI – Mawrid
9	Papua New Guinea	1. Pastor Jeffery Tangea, Family Life Director – Seventh Day Adventists (SDA) Church	2. Pastor John Wemin National Chairman - Destiny Fellowship of Churches
10	The Philippines	1. Atty. Hamid Aminoddin Barra, Professor, Mindanao State University, Marawi City, Mindanao. Formerly the Dean of the King Faisal Institute of Islamic Studies	2. Rev. Fr. Ramon Echica, Dean of Studies, San Carlos Major Seminary, Cebu City; works closely with the Philippine Centre for Population and Development
11	Pacific islands - Fiji	1. Bishop Apimeleki Nadoki Head Bishop of Northern Division of Fiji and Moderator for Pacific Conference of Churches (2007)	
12	Thailand	1. Ven. Phramaha Boonchuay Doojai (Sirindharo), Vice President of Mahachulalongkorn Buddhist University, Wat Suan Dok, Chiang Mai	2. Mr. Wisoot Binlathet, Head of Department of Academic and Foreign Affairs, Islamic Committee of Songkha, Thailand
13	Timor Leste	1. Ms Idalia Taveras Director, Caritas "Pastorale da Saude", the network chaired by "Caritas"	2. Reverend Daniel Marcal, Protestant Minister, Director of Church World Services, former Chair of the CCM and current vice-chair of the National Aids Commission (NAC)
14	Sri Lanka	1. Ms. Yukie Ramona Sirimane (Buddhist) Operations Director and Founder Trustee of Damrivi Foundation	

ANNEXES

B. UNFPA PARTICIPANT LIST

Number	Country office	Name of Participant	Designation
1	Afghanistan	Mr. Ramesh Penumaka	Representative
2	Afghanistan	Mr. Yunus Payab	Asst Rep (To translate Arabic-Eng for delegates)
3	Bangladesh	Mr. Arthur Erken	Representative
4	India	Ms. Ena Singh	Assistant Representative
5	Indonesia	Ms. Fitri Handayani	Programme Associate
6	Malaysia	Ms. Yeoh Yeok Kim	Assistant Representative
7	Nepal	Mr. Shrutidhar Tripathi	NPPP
8	Pakistan	Mr. Salman Asif	Gender specialist
9	Philippines	Mr. Vicente Jurlano	Programme Officer PDS & Advocacy
10	Pacific Islands	Mr. Isikeli Vulavou	Programme Associate
11	Thailand	Wassana Im-Em	Assistant Representative
12	Timor Leste	Hernando Agudelo	Representative UNFPA
Number	Headquarters	Name of Participant	Designation
13	OED*	Purnima Mane	DED (Programme)
14	APD	Neela Jayaratnam	Deputy Director
15	APD	Geeta Lal	Programme Specialist
16	CGHRB	Aminata Toure	Chief, CGHRB
17	CGHRB	Azza Karam	Senior Advisor Culture, CGHRB
18	CGHRB	Melissa D'Agostino	Research Consultant on Culture, CGHRB
19	LAC	Noemi Espinoza	Adviser on Advocacy and Partnerships

ANNEXES

C. LIST OF LOCAL CONTACTS FOR INVITATION TO FBO FORUM, 5-7 MAY 2008

No.	Name of Participant / Designation	Organisation
1	Ms. Azlina Zainal Abidin Principal Asst. Director International Cooperation Section	Economic and Planning Unit, Malaysia (EPU)
2	Datuk Dr. Raj Karim Regional Director	International Planned Parenthood Federation (IPPF) ESEAOR
3	Mr. Azrul Mohd. Khalib Programme Manager	IPPF ESEAOR
4	A. P. Dr. Adeeba Kamarulzaman President	Malaysian AIDS Council (MAC)
5	Datin Paduka Marina Mahathir Advisor	Malaysian AIDS Council (MAC)
6	Mrs. Sun Paranjothy Director, Programmes	IPPF ESEAOR
7	Ms. Kuek Yen Sim Community Education Officer	Federation of Family Planning Associations, Malaysia
8	Ms. Aminah Abdul Rahman (to address at opening) Director-General	National Population and Family Development Board, Malaysia
9	Ms. Ng Kim Foong	National Population and Family Development Board, Malaysia
10	Dr. Jun Camilo Naraval Senior Programme Officer	ICOMP
11	Ms. Linda Tham	UNDP Malaysia
12	A.P. Tey Nai Peng Rapporteur	Faculty of Economics and Administration University of Malaya
13	Mr. Chai Sen Tyng Rapporteur	Research Officer, Institute of Gerontology University Putra Malaysia
14	Tengku Aira Tengku Razif	UNFPA Malaysia – Secretariat
15	Ms. Tan Swee Heng	UNFPA Malaysia – Secretariat

ANNEXES

D. CGHRB LIST OF PARTICIPANTS

1. **Mr. Jowad Kezaala**
Secretary General
Inter-religious Council of Uganda
2. **Ms. Sarla Chand, Ph.D.**
Faith-Based Coordinator
ACCESS Program (access to clinical and community maternal, neonatal and women's health services)
www.accesstohealth.org
3. **Dr. Mastura Badzis**
Vice President cum Head of Women Affairs
Muslim Youth Movement of Malaysia (ABIM)/ Institute of Education International Islamic University
Malaysia
4. **Natalie Fisher-Spalton**
Deputy General Secretary, World YWCA
www.worldywca.org
5. **Ms. Juwita Suwito**
National General Secretary, YWCA Malaysia
6. **Ms. Felicity Saldanha**, YWCA India
7. **Dr. Vasanthy Perera**, YWCA Sri Lanka
8. **Ms. Joyce Mormita Das**
National General Secretary, YWCA Bangladesh

ANNEXES

ANNEX 3: AGENDA

ASIA AND THE PACIFIC REGIONAL FORUM ON STRENGTHENING PARTNERSHIPS WITH FAITH-BASED ORGANISATIONS (FBOs) IN ADDRESSING ICPD

5-7 May 2008, Kuala Lumpur, Malaysia

DAY 1: 5 MAY 2007

8:30-9:00	Registration	
	INAUGURAL SESSION - 09.00 hrs to 10.00hrs	
	CHAIR: Ms. Neela Jayaratnam, Deputy Director Asia and the Pacific Division UNFPA	
9:00-9:15	One Minute Silence Welcome	Ms. Neela Jayaratnam
	Context of UNFPA's legacy in engaging with FBOs	Ms. Purnima Mane Deputy Executive Director (Programme) UNFPA
9:15-9:30	Address by Malaysia Government Representative	Ms. Aminah Abdul Rahman Director General, National Population and Family Development Board Ministry of Women, Family and Community Development
9:30-9:45	Forum Objectives and Expected Outcomes	Ms. Azza Karam, Senior Culture Advisor, Culture Gender and Human Rights Branch, UNFPA
	Session 1 - 9:45 to 11.00 hrs Partnering with the UNFPA	<i>OBJECTIVES: To provide religious representatives from diverse faith traditions an opportunity to welcome the other participants and express their commitment on the importance of partnership with UNFPA. Statements not to exceed 10 mins. each.</i>
	CHAIR: Ms. Purnima Mane, Deputy Executive Director (Programme) UNFPA	

ANNEXES

9:45-10:00	H.E. Dr. Malek Afzali , Deputy Minister for Research, Ministry of Health and Medical Education, Iran	
10:00-10:15	Dr Anish Dua , Art of Living Foundation, India	
10:15-10:30	Bishop Apimeleki Nadoki , Pacific Conference of Churches, Fiji	
10:30-10:45	Ms. Yukie Ramona Sirimane , Operations Director Damrivi Foundation, Sri Lanka	
10:45-11:00	Participants gather for a Group Photograph	
Tea Break - 11:00 to 11:30 hrs		
	<p>Session II - 11.30 to 13.00 hrs Panel: Working with FBOs to Reduce Maternal Mortality - Experiences and Recommendations</p> <p>CHAIR: Ms. Marina Mahathir (Member, International Steering Committee, Asia Pacific Leadership Forum on HIV and Development - APLF, also Adviser, MAC/MAF). DISCUSSANT: Ms. Sarla Chand, ACCESS Programme, Washington D.C</p>	<p>OBJECTIVES: <i>To hear from diverse FBOs their experiences on partnership around maternal mortality issues - specifically, what has happened? and what can/ should we do better?</i></p>
	<p>Panellists:</p>	
11:30-11:45	Dr. Wan Nedra Komaruddin , Vice Chairperson Health Care Institute, Central Board of Nahdatul Ulemma, Indonesia	
11:45-12:00	Rev. Fr. Ramon Echica , Dean of Studies San Carlos Major Seminary, Cebu City, The Philippines	
12:00-12:15	Mr. Wisoot Binlateh , Head of Department of Academic and Foreign Affairs Islamic Committee of Songkha, Thailand	
12:15-12:30	Mr. Mohammad Abbas Uddin , Islamic Research Cell, Family Planning Association of Bangladesh	
12:30-13:00	Discussions	

ANNEXES

LUNCH and Prayers - 13:00 to 14:30 hrs		
	<p>Session III - 14:30 to 15.30 hrs</p> <p>Panel Discussion: Working with FBOs on HIV&AIDS - Experiences and Recommendations</p> <p>CHAIR: Mr. Arthur Erken, UNFPA Representative Bangladesh DISCUSSANT: Dr. Adeeba Kamarulzaman, President Malaysian AIDS Council</p>	<p>OBJECTIVES:</p> <p><i>To hear from diverse FBOs their experiences with partnership around HIV prevention and AIDS treatment prevention, treatment, stigma and empowerment issues of those infected and affected –specifically, what kind of partnerships have taken place and on what? What are some of the success stories? What are some remaining partnership challenges?</i></p>
14:30-14:45	<p>Panel Discussions:</p> <p>Ven. Phramaha Boonchuay Doojai (Sirindharo), Vice President of Mahachulalongkorn Buddhist University, Wat Suan Dok, Chiang Mai, Thailand.</p>	
14:45-15:00	<p>Mr. Achant Ram Lamichane (Padit Shree Ramkrishna Upadhaya), Nepal</p>	
15:00-15:15	<p>Maulana Abdul Kalam Azad, Masjid Council of Community Advancement, Bangladesh</p>	
15:15-15:30	<p>Pastor Pax Tan Chiow Lian, Senior Director, Prison Drugs &AIDS, Malaysia Care</p>	
15:30-16:00	<p>Discussions</p>	
Tea Break - 16:00 to 16:15 hrs		
16:15-17:15	<p>Group Discussions</p> <p>1) Group on Maternal Mortality to be led by Ms. Harlina Halizah Hj Siraj, Dept of Medical Education & Faculty of Medicine, Malaysia</p> <p>2) Group on HIV and AIDS to be led by Pastor John Wemin, National Chairman Destiny Fellowship of Churches PNG</p>	<p>OBJECTIVES:</p> <p><i>Two groups divided according to the two themes discussed during the day.</i></p> <p><i>To distil concrete recommendations on how to enhance partnerships between UNFPA and FBOs.</i></p>
17:00-17:30	<p>Presentations of Recommendations to Plenary</p> <p>Moderator: Ms. Aminata Toure, Chief Culture Gender and Human Rights Branch, UNFPA</p>	
<p>Dinner - 7:30 pm, Hosted by UNFPA for all attending participants.</p>		

ANNEXES

DAY 2: 6 MAY 2008

9:00-9:15	Recap on First Day discussions, Ms. Azza Karam, UNFPA	
	<p>SESSION IV – 09:15 – 10:30 Partnering with FBOs to Eliminate Gender-based Violence (GBV) and Support Women’s Empowerment Efforts</p> <p>CHAIR: Ms. Ena Singh, UNFPA Assistant Representative India DISCUSSANTS: Natalie Fisher-Spalton Deputy General Secretary YWCA and Dr. Mohammad Farooq Khan, member Board of Directors “Al Mawrid” Pakistan</p> <p>Panellists:</p> <p>9:15-9:30 Dr. Arfa Saeda Zehra, Chairperson National Commission on Status of Women, Pakistan</p> <p>9:30-9:45 Mawlawee Sediqullah, Head of Verdict and Virtues Office, Supreme Court Afghanistan</p> <p>9:45-10:00 Ms. Jaya Bharati, Divya Jyoti Jagrati Sansthan, India</p> <p>10:00-10:15 Mr. Abdul Mukti, Secretary, Council of Education, Central Board of Muhammadiyah, Indonesia</p> <p>10:15-11:00 Discussions</p>	<p>OBJECTIVES: <i>To share lessons learned on partnering around violence against women issues (e.g. sex-selection, domestic violence, dowry etc), as well as women’s empowerment initiatives.</i></p>
Tea Break - 11:00 to 11:30 hrs		
	<p>SESSION V 11:30 – 13:00 Working with FBOs in addressing population issues in humanitarian settings</p> <p>CHAIR: Mr. Ramesh Penumaka, UNFPA Representative Afghanistan DISCUSSANT: Mr. Jowad Kezaala, Inter-religious Council of Uganda</p>	<p>OBJECTIVES: <i>To assess the importance of partnering in times of conflict, natural disasters, and the impact of these on data collection, reproductive health, GBV as well as migration issues. The questions here are: What has been happening? What is/are the specific roles of FBOs and some success stories.</i></p>

ANNEXES

11:30-11:45	Panellists: H.E. Suliman Hamed , Deputy Minister, Ministry of Religious Affairs, Afghanistan	
11:45-12:00	Rev. Daniel Marcal , Director CWS (Church World Services); current vice-chair of National Aids Commission, Timor Leste	
12:00-12:15	Dr. Vasanthy Perera , YWCA of Sri Lanka	
12:15-13:00	Discussions	
Lunch and Prayers - 13:00 to 14:30 hrs		
14:30- 15:30	Group Discussions: 1) GBV and Women Empowerment discussions to be led by Atty. Hamid Aminoddin Barra , Professor, Mindanao State University, Marawi City, Mindanao, Philippines 2) Population Issues in humanitarian settings to be led by Mr. Hernando Agudelo (UNFPA Representative Timor Leste/Madre Idalia Taveras, Caritas, Timor Leste)	OBJECTIVES: <i>Two groups divided according to the two themes discussed during the day.</i> <i>To distil concrete recommendations on how to enhance partnerships between UNFPA and FBOs on these areas.</i> <i>Each group must select a rapporteur, who will then present the recommendations in the Plenary</i>
Tea Break - 15:30 to 15:45 hrs		
15:45- 17:00	Presentation of Recommendations in Plenary Moderators: Ms. Neela Jayaratnam, Ms. Aminata Toure CLOSING	OBJECTIVES: <i>This session will wrap-up the recommendations and gather consensus amongst all present on concrete initiatives for future engagement for the record.</i>

Participants from Faith-based Organisations depart.

DAY 3: 7 MAY 2008

09:30– 11:30	UNFPA WRAP UP SESSION	OBJECTIVES: <i>To debrief; review and finalize recommendations;</i> <i>To agree on FBOs to be selected for participation at the Global FBO Forum.</i>
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Departure of UNFPA participants

ANNEX 4: ADDRESS BY MALAYSIAN GOVERNMENT REPRESENTATIVE

**Asia and the Pacific Regional Forum on Strengthening
Partnerships with Faith-Based
Organisations in Addressing ICPD**

Address by

Ms. Aminah Abdul Rahman

Director General

National Population and Family Development Board (NPFDB)

5 May 2008
Kuala Lumpur

ANNEXES

Asalaam Alaikum W'rahmat'Allah, Good morning

Madam Chair, Ms. Neela Jayaratnam, Deputy Director, Asia and the Pacific Division, UNFPA

Ms. Purnima Mane, Deputy Director of UNFPA, New York

Esteemed religious leader, distinguished delegates, Datuk, Datin, Ladies and Gentlemen,

Firstly, allow me to you a warm welcome and "Selamat Datang" to Malaysia. We are truly honoured to be the selected venue for this regional forum, and I thank UNFPA, the organizer, for giving me the privilege to address today's significant event.

As a plural society, our linguistic, cultural and religious diversity has enabled Malaysia to play an important social and economic role on the world stage, more so in this globalised world. This forum, which seeks to bring together a coalition of faith-based organisations (FBOs) in the Asia and Pacific region towards enhancing partnership with civil society organisations to address the ICPD agenda, will provide the ideal setting for serious discussion on sensitive issues. Reproductive health and rights, family planning, women's empowerment and equity, HIV prevention and AIDS treatment, and ending violence against women, including sex selection, as mentioned by Ms. Mane, touch on the most sensitive and intimate sphere's of one's personal life. More often than not, they are influenced by cultural and religious norms and values. I understand that representatives from faith-based organisations from 14 countries in the Asia and the Pacific region are here today and we truly hope your sharing of experiences and deliberations would enhance partnerships towards increased access to comprehensive reproductive health services for men, women and the young population.

The Malaysian government fully encourages civil society organisations, including faith-based organisations to play a greater role in strengthening community-based programmes. In fact, when the National Family Planning Programme was introduced by the government in 1966, services were initially provided by the National Family Planning Board (renamed National Population and Family Development Board (NPFDB in 1984) and an NGO. Subsequently, religious leaders were engaged to make family planning more acceptable to the public and this emanated in a *Fatwa* by the Islamic Religious Department in 1981 which permits family planning on the grounds of the mothers and child's health and welfare. Today, ministries, especially the Ministry of Women, Family and Community Development, have long standing partnerships with NGOs. We believe in smart partnerships with NGOs and FBOs to ensure effective delivery of our joint programmes relating to reproductive health and rights, women's empowerment and equity, HIV prevention and AIDS treatment and ending violence against women.

Towards this end, the government allocates grants for NGOs and FBOs to conduct programmes and services to the grassroots. These include programmes for men, women and children in the areas of reproductive health, family relationships and parenting, gender empowerment and skills building. For example, the SMARTSTART premarital course, which includes reproductive

ANNEXES

health, gender relations, and HIV and AIDS issues, was developed by the NPFDB in collaboration with NGOs and faith-based organisations. Since 2006, grants are made available to NGOs and FBOs to implement the course for their target groups in four languages.

The Malaysian government's commitment to achieving the objectives of ICPD-PoA and the MDGs is underscored. The relatively favourable position that Malaysia now enjoys in economic and social development owes much to the innovative policies and strategies for development through the five-year national development plans. Most of the MDG targets out have been met but some issues still represent a significant challenge for Malaysia as it seeks to maintain its development momentum and to progress beyond current achievements.

In keeping with the ICPD recommendations, reproductive health care services have been integrated into the primary health care. The NPFDB, Ministry of Health, relevant government agencies and NGOs continue to be strong advocates and partners in the delivery of sexual and reproductive health services including HIV and AIDS, and information for the vulnerable groups – the poor, the marginalised young people and women. For example, while the Malaysian AIDS Council is well known in the HIV prevention and AIDS treatment arena, the Federation of Family Planning Association of Malaysia (FFPAM) is one of the leading NGO collaborators in the promotion of advocacy work and programmes in the areas of ASRH. The Reproductive Health Adolescents Module (RHAM) produced by FFPAM with funding from UNFPA, has become the main NGO advocating ASRH. To further advocate the use of the RHAM Module, in particular amongst Islamic-based schools, FFPAM has developed an Islamic perspective version of the RHAM in collaboration with JAKIM (Department of Islamic Development), IKIM (Institute for the Understanding of Islam), UNFPA, IPPF and NPFDB.

In addressing the RH needs for the vulnerable and marginalized groups, a second programme of co-operation is currently being finalized by the government of Malaysia on a cost-sharing arrangement with UNFPA for the period 2008 – 2012. In collaboration with relevant government agencies, NGOs and FBOs, this programme seeks to enhance skills and improve SRH knowledge of young people. Special attention will be given to up-scaling ASRAH, HIV prevention and AIDS treatment efforts and better access to sexual and reproductive health information and services.

Ladies and gentlemen, we are living in an increasingly multicultural and multilingual world where the role of faith-based institutions and leaders are crucial to the promotion of a culture of integrity. The participatory approach, which will be utilized, is intended to reflect principles of democracy and good governance. This meeting will provide a space for open discussion on issues of faith and integrity. FBOs are indispensable partners in delivering services to the grassroots, and as community leaders, they can mobilise broad-based acceptance to many of the issues we are addressing at this forum. We sincerely hope today's workshop will contribute towards creating awareness of the need for the UN, governments and civil society including FBOs to work in synergy, to enhance delivery of programmes and services to all who need them.

I wish you a fruitful discussion and an enjoyable stay in Malaysia. Thank you.

ANNEX 5 - QUOTABLE QUOTES

"It is critical that we hear on how we can go through this journey of building partnerships together, and how we can make sure that the continuation of this journey be as fruitful and as productive as possible."

- Azza Karam, Senior Advisor Culture, CGHRB

"It (the project) was very successful because it conformed to our culture, beliefs and religion as well as being based on evidence from scientific research."

- Malek Afzali, Ministry of Health and Medical Education, Iran

"Clearly, masculinism is very common in all societies. However, it is not strictly related to religion, it is also related to culture. So, we have to separate the culture and the religion... This is a very important issue (because) Islam says that women and men are equal, and the best among us is the one with better deeds."

- Malek Afzali, Ministry of Health and Medical Education, Iran

"There are two very basic concepts in the Holy Qur'an which we have never made use of in family planning and maternal mortality. One concept is that of ma'ruf and the other concept is that of biq." One of the most important things of ma'ruf is, everything that is beneficial to the humanity at large should be propagated by the state, by the society, and by every individual. The second thing is biq - the real, the actual meaning of biq is to have, or to fulfil, all the natural rights of every human being upon every other human being."

- Mohammad Abbas Uddin, Islamic Research Cell, Family Planning Association of Bangladesh

"We at Damrivi believe that there cannot be social and economic development without spiritual development. Today, due to the political conflict in Sri Lanka, international funding agencies and the corporate sector (which has assumed corporate social responsibilities seriously) are reluctant to be identified with faith-based organisations... In this context, we wholeheartedly appreciate the initiatives by UNFPA to enter into partnerships with FBOs."

- Yukie Ramona Sirimane, Operations Director, Damrivi Foundation, Sri Lanka

"In Indonesia, maternal mortality remains a serious problem, but progress has taken place. ... there is a need to foster a close relationship between Government and NGOs/FBO, (as well as) national and international funding agencies, respectively."

- Wan Nedra Komaruddin, Central Board of Nahdatul Ulama, Indonesia

"If the biggest perpetrator of gender-based violence is the husband or the partner, promoting a healthy relationship between husband and wife, moulding their attitudes, educating them on mutual duties would help to reduce the incidence of violence."

- Yukie Ramona Sirimane, Operations Director, Damrivi Foundation, Sri Lanka

ANNEXES

“Cultural factors also contributed to the phenomenon (of maternal death). There are cases where the mothers, if given the choice, would not have wanted another baby. But their husbands would convince their wives that it would be good to have another baby... But most importantly, the Church can teach the faithful responsible parenthood. The Church can tell the people that they are mistaken on the notion that they can bring to life more children than they can responsibly rear and educate. In other words, the Church can help change the cultural mindset of the people.”

- Ramon Echica, Dean of Studies San Carlos Major Seminary, Cebu City, the Philippines

“The aim of forming the interfaith network is to learn from one another, sharing the experience of working on HIV and AIDS to mobilise available resources, funding of personnel and to increase the knowledge of faith-based communities in the fight against HIV and AIDS as well as to improve the vision, effort and strategy to halt the spread of HIV and AIDS and to help those who are suffering from the disease.”

- Ven. Phramaha Boonchuay Doojai (Sirindharo), Wat Suan Dok, Chiang Mai, Thailand

“In analyzing our strengths and weaknesses, we can see a lot of advantage held by the faith-based communities or by the inter-faith network since we are rooted in the community. We provide quality service - in fact, we provide a substantial proportion of overall services available, strong staff commitment, integrity and trust as well as make credible partners.”

- Ven. Phramaha Boonchuay Doojai (Sirindharo), Wat Suan Dok, Chiang Mai, Thailand

“We formed the interfaith network on HIV and AIDS in Thailand with a goal for the (various) communities working together regardless of their beliefs, faith or tradition in preventing the spread of HIV and AIDS and affected families with access to care and support.”

- Ven. Phramaha Boonchuay Doojai (Sirindharo), Wat Suan Dok, Chiang Mai, Thailand

“A large number of infected and risky persons are trying to be hidden because of the fear of stigma and discrimination from community or family. Therefore the challenges of working in the field of HIV are invisible. Stigma and discrimination are also being continued because of traditions and illiteracy.”

- Achant Ram Lamichane, Padit Shree Ramkrishna Upadhaya, Nepal

“A tailor-made khutba guide has been developed to present information on HIV and AIDS in a religious fashion to pull people’s attention and create influence on their behaviour, particularly on the youth.”

- Maulana Abdul Kalam Azad, Masjid Council of Community Advancement, Bangladesh

“Capacity building of faith leaders should be continuously and comprehensively undertaken to ensure their maximum contribution.”

- Maulana Abdul Kalam Azad, Masjid Council of Community Advancement, Bangladesh

ANNEXES

"It is one thing to believe and practice our faith, it is another thing to really go down to the ground and see how our faith can be translated into use for people who are asking for help."

- Pastor Pax Tan Chiow Lian, Prison Drugs and AIDS, Malaysian Care

"We are humbled by the fact that we can learn from others. Because we interact with others, we begin to see they have far greater knowledge in certain areas that we do not have and they have a better way of articulating things that perhaps we do not have. So that sort of gives us another dimension into recognizing that faith-based organisations - in working with others and in partnership, enriches us and gives us further encouragement and boost to work with the communities."

- Pastor Pax Tan Chiow Lian, Prison Drugs and AIDS, Malaysian Care

"It (HIV and AIDS) is more than just a religious issue, it is a rights issue, it is a gender issue, it is a social issue and of course it is a health issue. With that in mind, we have to have more education and more awareness of these different angles so that our religious response would be truly a very just, righteous, and compassionate one and that we learn along the way."

- Pastor Pax Tan Chiow Lian, Prison Drugs and AIDS, Malaysian Care

"In Afghanistan, like in some other countries, women are unfortunately the victims of a lot of traditional and cultural values which has, at times, overshadowed proper religious teachings."

- Mawlawee Sediqullah, Head of Verdict and Virtues Office, Supreme Court Afghanistan

"Firstly, we need to strengthen interfaith network and cooperation. Second, empower intra-faith and interfaith youth participation, and thirdly, develop more grounded action through the grassroots and community-based education and the traditional media."

- Abdul Mukti, Secretary, Council of Education, Central Board of Muhammadiyah, Indonesia

"If the FBOs and religious leaders can educate the general public to respect each other, to respect each other's faith, to respect each other's nationality and gender, in a nutshell to respect human life, I think we could all go on this journey together to bring peace in this world."

- Vasanthy Perera, YWCA of Sri Lanka

"What has happened is that faith should have dominated the stereotypical actions of culture. Unfortunately, stereotypical cultural norms have dominated faith, in the name of faith and that is the worst of the fact... violence is an expression of force, of being indolent and of being insensitive. The gender question is, simply put, an imbalance of those with power and the powerless."

- Arfa Saeda Zehra, Chairperson, National Commission on Status of Women, Pakistan

ANNEXES

"I think it is very clear that gender-based violence cuts across continents, countries, cultures and religions. If we recognize that, then it is not an issue that is coming out of the Islamic faith or the Christian faith. What it is? It is the power and control struggle between the males and the females. And once we recognize that, the role of the faith-based leaders who are well respected in their own communities and their own congregations is to allow people to recognize that it is a gender power struggle for control, and making sure that the males remain in control of the females. The interpretation that should be for both men and women to understand is that equality, equity and mutual respect are the principles of humanity."

- Sarla Chand, ACCESS Programme, Washington D.C.

"When disaster struck, all differences were forgotten, all barriers broken and they (the FBOs) all worked together as one. This was a successful story."

- Vasanthi Perera, YWCA of Sri Lanka

"Breaking barriers during conflict and disaster situations is not enough... Such situations should become the cornerstone to build bridges between the FBOs to come together and work together as one, always."

- Vasanthi Perera, YWCA of Sri Lanka

"It is very important (for the Church) to work together with other organisations like the UNFPA because we all stand on the same ground."

- Apimeleki Nadoki, Pacific Conference of Churches, Fiji





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